

## 2012 Meetings and Events

### October 6, 2012

#### LCMS Alliance Potluck in Paradise

Home of :

Dr. Brian & Maureen Schwartz

RSVP: Mariquita Anderson

Email: Mariquita@nderson.net

Check payable to: LCMS Alliance  
 Members \$45/person—Non members \$65

### Save the Dates

### November 15, 2011

#### General Membership Meeting

FineMark National Bank & Trust

12681 Creekside Lane

Fort Myers, FL 33919

6:30 PM Social / 7 PM Dinner

### December 3, 2012

#### LCMS / Alliance Holiday Party

#### RSVP Medical Society Office

LCMS, 13770 Plantation Rd, Ste 1

Fort Myers, FL 33912

Tel: 936-1645 Fax: 936-0533

### Inserts

*November Meeting Notice*

*Flu Collation*

*Stevens Construction*

*LCMS Committee Sign-up Form*

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### President's Message

Richard Macchiaroli, MD

## Protecting Your Scope of Practice



This past summer's annual Florida Medical Association (FMA) meeting in Boca Raton, FL, offered many lively issue discussions about the allied health professions. Many physicians were taken by what the Florida legislature has termed the "eyeball wars." This was an in depth scope of practice battle between the ophthalmologists and the optometrists over prescribing authority. Another substantial concern addressed at this year's meeting surrounded the doctorate of nursing degree and whether or not those awarded this degree can refer to themselves as doctor with their patients. For years, many other professions have been trying to encroach upon what has traditionally been the scope of practice of physicians. The FMA and many specialty societies have sacrificed substantial time and money protecting the physicians "turf", and more importantly, the safety of our patients against these encroachments. These attempts at scope of practice expansion have occurred with podiatrists, optometrists, chiropractors, pharmacists, and numerous other allied health professions. As a physician, these battles are primarily about patient safety and what level of training is necessary to ensure it for our patients.

Having practiced in emergency medicine now for over 14 years, I have watched a less publicized infringement upon the practice of medicine, which has seemingly been promoted by physicians. This is the use of mid-level providers, also known as physician extenders, or non-physician providers in Medicare terminology. For the most part, these are physicians' assistants and advanced registered nurse practitioners. The number of these physician extenders has grown astronomically in our practices locally and nationally as we try to find ways to be more productive, see more patients and sustain the financial viability of our practices. I have steadily watched the duties of the mid-levels progress over the past five years in particular, to a point that, quite honestly, causes me concern as an emergency medicine physician.

Not to be misunderstood, I believe mid-level providers play a needed role in healthcare, but the continual advancement of these roles is a slippery slope. My concerns are twofold.

I believe that quality of care can suffer as we physicians allow and even promote mid-levels taking on duties outside of their scope. They certainly make our lives easier by fielding our night and weekend calls, rounding for us, writing notes, and evaluating patients. However, I have grave concerns when I call a consultant with 12 to 15 years of higher education and training, and receive an opinion from a mid-level. I have spoken to many of you who have voiced these same concerns. Physician to physician communication has always been a hallmark of medical practice and now we are placing someone in the middle of this communication. Ever play the "telephone" game? This ultimately will lead to errors and patients will be the unfortunate recipients of the outcome.

My other concern with the mid-level scenario is less immediate, but rather looks 10 years down the road. Having watched the Florida political process over the past years, it is incredibly evident that financial power via Political Action Committees holds great influence in the legislature. Currently, the FMA has about 18,000 members, and substantial PAC funds, and is considered a powerful lobbying body in Tallahassee. However, in the spring 2012 legislative battles, optometrists out-raised ophthalmologists by ten to one in PAC funds. The FMA and ophthalmologists combined had substantial difficulty fighting their agenda. As more mid-levels continue to be produced, they will eventually learn to organize better, as physicians have learned. I believe it will not take long for them to surpass our numbers and financial strength, and argue to the legislature that they should be permitted to practice in Florida without physician supervision. Speculating on all the outcomes of such a catastrophic legislative decision is not the purview of this article.

However, I bring these points up so that we physicians think twice before we voluntarily give away more of our traditional physician duties to a mid-level who may someday be competing for our patients, instead of evaluating them under our supervision. From where I stand, it is clear that Obamacare (the Patient Protection and Affordable Care Act) is the engine propelling this vehicle, but physicians seem to be stepping on the gas instead of the break.



# LEE COUNTY MEDICAL SOCIETY BULLETIN

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## PRINTERS

Insta Print

## 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 News

## Retired

**John Bishop, MD** effective 7/1/12

## Moved out of the Area

**Michael Chancellor, MD**

## Correction

**September Bulletin**, Article of Tribute to Dr. Roger Scott. Dr. Scott was incorrectly listed as being in the U. S. Army. Dr. Scott's service was in the U.S. Air

# New Applicants

Gregory Velat, MD— Dr. Velat received his MD degree from the University of Florida, Gainesville, FL 1999-2003. He completed his internship and residency at the University of Florida, Gainesville, FL 2003-2010. Dr. Velat completed a fellowship with Barrow Neurological Institute, Phoenix, AZ 2010-2011 and a second fellowship with University of Florida, Gainesville, FL 2011-2012. He is in group practice with Lee Neurosurgery, 2780 Cleveland Ave, Ste 819, Fort Myers, FL 33901—Tel: 239-343-3800.



# Physicians:

Your help is needed.... please sign up for one or more of your LCMS Committees and let your voice be known. If you do not see a committee that you would like to join and have an idea for a new committee, let us know. As a physician member organization, it requires physician members to get involved! Call today! Let us hear from you! You will find an insert in this Bulletin that lists our committees. Please look it over, choose your committees and return the form to the LCMS office by fax: 239-936-0533 or email to [valerie@lcmsfl.org](mailto:valerie@lcmsfl.org).

# DocBookMD:

This free phone application program is exclusive to members only. DocBookMD provides an exclusive, HIPAA-compliant professional network for on-the-go doctors to communicate, collaborate, and coordinate. Benefits to the Physician—**Save time—Improve collaboration—Enhance patient care.** To learn more about the DocBookMD phone application, call the LCMS office at 936-1645 and receive your LCMS number and instructions on how to use the new application. The LCMS will need your email and cell phone number that you would want other physicians to reach you on. This is a requirement to sign you up for the program. Your information

## ICD-10 DELAYED

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DEADLINE FOR THE  
NATIONWIDE CONVERSION  
TO ICD-10 UNTIL  
OCTOBER 1, 2014**

## PLEASE WATCH YOUR MAIL!



**WATCH FOR YOUR  
LCMS 2013 MEMBERSHIP DUES.**

**Dues have not increased since 1993.  
See what your \$1.08 a day pays for on next page**

**LCMS WOULD APPRECIATE YOUR  
PROMPT ATTENTION IN SUBMITTING  
YOUR DUES PAYMENT.**

**DUE BY: JANUARY 1, 2013**

**Recruit three new members and your 2013  
membership dues will be reduced to \$0**





## What the LCMS is Doing for You...

13770 Plantation Road, Ste 1  
Fort Myers, FL 33912  
Tel: 936-1645  
Fax: 936-0533  
www.lcmsfl.org

**Local Advocacy:** LCMS President and Board addresses the local medical issues. As medicine continues to change, it is important to have good local leadership.

**LCMS New Physician Mentor Program:** This program will help the new physician acclimate to the community with a fellow professional. Secondary benefit will be to the mentoring physician in establishing new professional relationships, and to LCMS for enhancing the benefits of membership.

**Annual Medical Service Awards:** Each year, physicians are nominated and five physicians, two non-physicians are awarded a plaque and a monetary value to the charity of their choice for their dedication to medicine.

**Group Purchasing Program: Office Max – VHA & AT&T** - We have negotiated significant discounts on most office supplies. This program is free and exclusive to Lee County Medical Society members. As a member of LCMS you are automatically eligible to receive these discounts, and may find the program beneficial to your bottom line.

**The Florida Healthcare Law Firm:** This program allows members of participating medical societies the opportunity to speak with qualified healthcare legal counsel for 15 minutes at no charge on the issues such as: · Regulatory Compliance · Subpoena · Electronic Medical Records · Medical Malpractice Situations · Integration Strategies · Board of Medicine Matters · AHCA & Department of Health Issues · Other Healthcare Law Matters.

**The Doctors Company (FPIC):** Provides eligible LCMS members 10% off on their malpractice premiums. For example, if your premium is \$20,000 you could save \$2,000 on your annual premium. If you pay a higher premium, your savings can be even greater! Contact Shelly Hakes, Assistant Director of Society Relations, (800) 741-3742 ext. 3071 or Email – [shakes@thedoctors.com](mailto:shakes@thedoctors.com)

**OptaComp:** Workers' compensation Insurance Program offered by OptaComp and marketed by Lykes Insurance. Participating members are eligible for dividends based exclusively on claims activity. You can receive up to 24.8% of your paid premium back in a dividend check every year! Contact Janet Moore, Risk Consultant, CPCU, CIC, (239) 931-5600 or Email – [jmoore@lykesinsurance.com](mailto:jmoore@lykesinsurance.com)

**Bulletin:** Ten issues of the *Bulletin*, one of the most popular facets of the LCMS, are mailed to all members to keep them current on issues affecting the practice of medicine. The Bulletin is now available in pdf format and will also be archived on the LCMS website.

**DocBookMD:** Physician members of the Lee County Medical Society now have the option to text or call one another on patient information in a secure, HIPAA-compliant manner, thanks to the FREE app called DocbookMD for your iPhone.

**Physician Referrals:** The LCMS office offers free referrals and background checks of physicians for patients.

**Practice Information:** The LCMS offers free informational packets for physicians who are starting a practice. We also offer packets for physicians who are relocating or retiring. We provide information on how Florida laws/statutes influence physicians' practices.

**Pictorial Directory:** The Pictorial Directory contains information for all active members of the LCMS and is an excellent resource for patients seeking a physician. The directory is updated every two years with the next due out in summer 2013. Distributed free to the public.

**Membership Directory:** Provided every other year for physicians and administrators/managers. Directory includes LCMS members with organization name, specialty, location, phone, fax and office manager information.

**Speakers Bureau:** Our LCMS physicians that have chosen to participate in the program provide Speakers on request to local organizations and to Edison State College and Florida Gulf Coast University upon request.

**HAPP Program (Healthy Active Productive People):** Positive patient stories of our members. Website: [www.happstories.org](http://www.happstories.org)

**Foreign Language:** Provides members with a list of physicians, their specialties and languages that they or their staff offers.

**Scholarships:** McCourt Scholarship Memorial Fund sponsors children with Diabetes to help them cope better with their disease by sending them to Florida Camp for Children and Youth with Diabetes.

**LCMS Website:** [www.lcmsfl.org](http://www.lcmsfl.org) Lists physician members information, photo and links to their website. Also provides Medical Society programs.



## MOVING, RELOCATING, TERMINATING PRACTICE?

### 64B8-10.002 Medical Records of Physicians Relocating or Terminating Practice; Retention, Disposition, Time Limitations.

(1) The Board of Medicine and the Legislature recognize the need for maintenance and retention of Medical Records in order to protect and serve patients. For that reason, the Legislature has directed the Board to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of patient records of deceased practitioners and practitioners relocating and terminating practice. However, the Board is concerned that the promulgation of these rules may mislead the licensed physicians. Rule 64B8-10.002, F.A.C., sets forth standards which if not met will constitute a violation of Section 456.058, Florida Statutes, and will subject the physician to disciplinary proceedings by the Department of Health. Physicians should retain records as long as needed not only to serve and protect patients, but also to protect themselves against adverse actions. The times specified in Rule 64B8-10.002, F.A.C., may well be less than the length of time necessary for protecting the physician. Further, the times stated may fall below the community standards for retention in their communities and practice settings and for specific patient needs. For the latter purposes, the physician may wish to seek advice from private counsel or their malpractice insurance carrier.

(2) A licensed physician shall maintain the full and total responsibility for and control of all files and records relating to his patients and his medical practice. All such records shall remain confidential except as otherwise provided by law and shall be maintained in the licensed physician's office or in the possession of the licensed physician.

(3) A licensed physician shall keep adequate written medical records, as required by Section 458.331(1)(m), Florida Statutes, for a period of at least five years from the last patient contact.

(4) When a licensed physician terminates practice or relocates and is no longer available to patients, patients should be notified of such termination, sale, or relocation and unavailability by the physician's causing to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of termination, sale, or relocation and an address at which the records may be obtained from the physician terminating or selling the practice or relocating or from another licensed physician or osteopathic physician. A copy of this notice shall also be submitted to the Board of Medicine within one (1) month from the date of termination, sale, or relocation of the practice. The licensed physician may, but is not required to, place a sign in a conspicuous location on the facade of the physician's office or notify patients by letter of the termination, sale, or relocation of the practice. The sign or notice shall advise the licensed physician's patients of their opportunity to transfer or receive their records.

*Specific Authority 458.309, 456.058 FS. Law Implemented 456.058 FS. History—New 7-3-89, Formerly 21M-26.002, Amended 11-4-93, 1-17-94, Formerly 61F6-26.002, Amended 1-26-97, Formerly 59R-10.002, Amended 3-7-01.*

## We Appreciate Your Referrals!



From left: Kate Wagner, O.D.;  
E. Trevor Elmqvist, D.O.; Nina Burt, O.D.

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Mon.: 1 p.m. to 5 p.m. / Tues. - Fri.: 9 a.m. to 5:30 p.m. / Sat.: 9 a.m. to 1 p.m.

### FORT MYERS OFFICE

12670 New Brittany Blvd., Suite 102, Fort Myers  
Mon. - Fri. 8 a.m. to 5 p.m.



## NEW HAPP PROGRAM—CHECK IT OUT!

Introducing our newest program, **HAPP, (Healthy Active Productive People)**, a website for Lee County residents to come forward and share their life changing positive stories with everyone. Sharing their story of a physician, nurse, or medical healthcare person that has improved the quality of their life. Please visit the website ([www.happstories.org](http://www.happstories.org)) from time to time and check for new stories. We included a flyer in your September Bulletin for you to post in your office to let your patients know of our new program and website. We hope that you will encourage them to tell their story. The LCMS, Dr. Elmquist and FGCU students are working together to bring some positive community spirit by offering a place for patients to tell their positive story and let someone know, in a very thoughtful way, that they are appreciated.



*LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.*



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## Alliance News

Mariquita Anderson, LCMS Alliance President

### Potluck in Paradise

Join us on Sat, Oct 6, 7-10 pm, as we meet new friends and get together with less new friends. This year's Potluck will be held at the beautiful Devonwood home of Maureen and Brian Schwartz at 15781 Old Wedgewood Ct, Fort Myers 33908.

Please do not bring a dish as this event is catered! Cost for Potluck is as follows:

- LCMS Alliance Member: \$45/person
- LCMS Alliance Non Member: \$65/person

Please **RSVP by Saturday, Sept 29**, for an accurate headcount! Make your check payable to LCMS Alliance and mail to: LCMS Alliance, c/o Mariquita Anderson, President, 17920 Grey Heron Ct, Fort Myers Beach FL 33931.

**A TREMENDOUS THANK YOU** to our Potluck in Paradise Sponsors!  
(as of Sept 6, 2012)

Invitations: [Florida Urology Physicians](http://www.myfloridaurology.com)

Decorations: Dr. James and Mrs. Cheri O'Mailia



Phone: 239-689-8800  
Fax 239-939-7774

Ira A. Zucker, M.D.  
Brian N. Schwartz, M.D.  
Barry F. Blitz, M.D.  
Steven A. Harrison, M.D.  
Bert F. van Beever, M.D.  
Veronique Fernandez-Salvador, M.D.  
Bess Raulerson, PA-C  
Lee Ann Boyd, ARNP

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## SUBMISSION DEADLINE FOR STOP BULLYING VIDEO CHALLENGE

The deadline for the Stop Bullying Video Challenge is October 14, 2012 at 11 pm ET. Submit your 30-60 second PSA. The contest winner will receive a grand prize of \$2,000, with the two runner-ups earning \$500 each. For more information, please visit <http://stopbullying.challenge.gov/rules>.

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## FLU SEASON 2012-2013

The [CDC announced that it has approved the 2012-2013 influenza \(flu\) vaccine formulation](http://www.cdc.gov/vaccines/imz/downloads/p/2012-08-01-flu-vaccine-formulation) for all six manufacturers licensed to produce and distribute the vaccines in the United States. The strains selected for inclusion in the 2012-2013 flu vaccines are the following:

- A/California/7/2009 (H1N1)-like virus
- A/Victoria/361/2011 (H3N2)-like virus
- B/Wisconsin/1/2010-like virus.

Courtesy of the Lee County Health Department, you may also read more about the influenza vaccine with the following attachments:

- [Influenza Vaccine 2012-2013](#) (pdf download)
- [Flu Season 2012-2013. Important Facts](#) (Powerpoint download)

For any questions not answered in the Powerpoint presentation you may visit the CDC website at

[www.CDC.gov/vaccines/](http://www.CDC.gov/vaccines/)

or contact

Connie Spalding, Nursing Program Specialist,  
at the Lee County Department of Health  
Phone: 239 332-9505

E-mail: [Connie\\_Spalding@doh.state.fl.us](mailto:Connie_Spalding@doh.state.fl.us)

*"Countless unseen details are often the only difference between mediocre and magnificent."*



## Appeals Court: Doctors Can't Fight Medicare Claims Audits

By: Alicia Gallegos, AMNEWS staff

Health professionals cannot challenge auditors' decisions to review Medicare claims that are more than a year old, the 9th U.S. Circuit Court of Appeals has ruled. Federal rules do not allow an administrative or judicial remedy through which doctors can fight the reopening of such cases, the court said.

The ruling is harmful to physicians, who must accept audits without being afforded the opportunity to question the reasoning behind reopening old claims, said Long X. Do, legal counsel for the California Medical Assn. The CMA joined a friend-of-the-court brief in support of Palomar Medical Center, the plaintiff in the case.

"Any audit is going to be very disruptive to a physician's practice," Do said. "The longer the audit goes back, the more burdensome it is on physicians."

The case involves a 2009 lawsuit brought by Escondido, Calif.-based Palomar Medical Center against the Dept. of Health and Human Services. Palomar challenged auditors' reopening of a claim 20 months after initial payment. Under Medicare regulations, recovery audit contractors must have good cause to review a claim that is more than a year old.

The Litigation Center of the American Medical Association and the State Medical Societies, along with the CMA and eight other state medical societies, issued two briefs in support of Palomar. Physicians should be protected from arbitrary and unreasonable efforts to recover payments for services provided long before initiation of the recovery action, the briefs said.

In its Aug. 22 decision, the appeals court said the issue was difficult to resolve because of competing principles. On the one hand, Congress sought to establish an effective recovery audit program to reduce Medicare overpayments, the court said. On the other hand, medical professionals have a legitimate interest in the finality of claim determinations, the court said.

"However, in view of the goals of the RAC program, and the secretary's regulations stating that decisions to reopen are 'final' and 'not appealable,' we hold that the issue of good cause for reopening cannot be raised after an audit's conclusion and the revision of a paid claim for medical services," the judges said.

At this article's deadline, Palomar had not made a decision about whether to appeal the ruling to the U.S. Supreme Court. Dick Semerdjian, an attorney for Palomar, said a possible next step is asking lawmakers to amend the rules on Medicare claims audits.

## AMA Urges Congress to Nullify Medicare Sequester

The American Medical Association (AMA) and more than 100 state and specialty medical societies today submitted a [letter](#) to Congress urging the passage of legislation nullifying the 2 percent cut in payments to physicians who treat Medicare patients called for under the Budget Control Act's sequestration provision and the flawed Sustainable Growth Rate (SGR) formula.

"Physicians are committed to delivery and payment reform in the Medicare program, but we need stability in the Medicare system as we work to promote high quality, high value, better coordinated patient care," said AMA President Jeremy A. Lazarus, M.D. "The sequestration cut, coupled with uncertainty surrounding the looming 27 cut in payments to physicians who treat Medicare patients on January 1, will hurt patient access to care and impede practice investments by physicians that are needed to improve our health care system."

### *The 2012 Economic Census is coming soon*

#### LEARN WHY RESPONSE MAKES A DIFFERENCE

In November and December, more than 4 million American businesses, including 8,100 businesses in Lee County, will receive 2012 Economic Census forms. Responses to the questionnaire are required by law (Title 13, U.S. Code), to be returned by February 12, 2013.

Every 5 years, the Economic Census develops a comprehensive portrait of American business, from the national to the local level. Timely and accurate data are vital to effective public policy and important to your publication and your readers.

We've created a special Web page at [www.business.census.gov](http://www.business.census.gov) to tell your readers about the Economic Census, and provide statistics they can use to assess and grow their business operations.

How can the Lee County Medical Society Bulletin help? [Business.census.gov/news](http://Business.census.gov/news) suggests ways you can help us get the word to your readers - in your publications, in your blogs, and on your website. The page presents ideas and resources for your communications in each month from now through February 2013.

Learn more on October 11 at 1 pm EST at a webinar designed for organizations. Get the details at [www.business.census.gov/webinar](http://www.business.census.gov/webinar). You can contact the Economic Census outreach staff at 1-877-790-1876, or e-mail us at [econ.2012@census.gov](mailto:econ.2012@census.gov).

#### What Businesses Need to Hear...and When

Sep-Oct 2012	The Economic Census has information that benefits your business, at <a href="http://business.census.gov">business.census.gov</a> .
Nov-Dec 2012	Watch for your form - coming to most businesses in mid-December
Jan 2013	Complete your form. Your industry / community is counting on you
Feb 2013	Economic Census forms are due February 12, 2013



## THE MONEY IS IN THE MANAGEMENT

By: Jeffrey L Cohen, The Florida Healthcare Law Firm

Conversation regarding ACOs and even healthcare reform itself is misplaced. The well established facts are (1) more people will receive health care, and (2) the cost of healthcare will come down. It does not matter whether the stimulus is a new law or just marketplace reaction. The fact is that a healthcare system whose players are incentivized to do more with more expensive stuff is not economically sustainable or socially tolerable.

Take a look at our evolving marketplace. What's the single most distinctive feature in healthcare, aside from inactivity? Integration. Larger hospital systems and larger medical practices, typically single specialty. Good adaptation? Maybe. It is in the short run. Single specialty aggregation is purely defensive though. It allows groups to maintain market share and to resist price compression better. But how will that allow providers to do more with less? How will that stimulate more outcome-based, financial risk-based care? It doesn't. It is well established that cost and quality management demands broad spectrum system awareness....ummmm primary care physicians. The adaptation of single specialty group integration is short term. How short? Who knows? But it is clearly not as sustainable as one whose preparation for change includes primary care capabilities.

And how do hospital-based physician alliances help physicians survive and thrive? They don't unless they have a strong primary care base, and even then it is very questionable whether hospitals will be able to utilize their PCPs and specialists in a way that rewards outcomes-based, financially smart behavior. Hospitals have always been sink holes in the landscape of healthcare costs, so why jump in? Physicians need to make sure that their affiliated hospital systems have clear plans and abilities (e.g. management and good physician billing and collection experience) to deliver outcomes at the right price. Studies, however, that indicate over sixty percent of Florida hospital admissions are unnecessary are consoling in a fee for service environment, but devastating in a capitated (or other risk-based) one. Physicians have to make sure the ship they book passage on can sail a long way.

And they have to make sure they are part of the right team. What expertise is there in things like IT, financial management, clinical outcomes management, and risk-based contracting? You're gonna need that! If one believes that healthcare costs are unsustainable (this guy does) and that our entire payment system is driving that result, then the need for new payment systems is clear. And the challenge, just in terms of thinking about healthcare differently, is enormous! How do you go to work and not think "I gotta do a lot, test a lot, do lots of procedures." How do you begin to shift? Do you shift? The compelling answer is "YES." Why not act now, before any law (even one dumber than the one that passed a year ago) gets passed, before our society calls the issue a failure and politicians and our neighbors demand a single payer-type system? Isn't there a huge opportunity RIGHT NOW? You betcha.

So where is it? It's in management. The money is in the management. The data collectors, crunchers and implementers are the new gods in healthcare. Anyone who can collect data, show what makes clinical and financial sense and then implement it will be more sought after than conflict diamonds. Show one hospital how to live in that new system, where there are more patients, but less money available, and you retire rich. Show physicians and other healthcare business people the same thing and lead change. And since physicians are busy being physicians, except for a handful of physician entrepreneurs, they're best bet is gonna be to find good partners in "business" who embrace change and see opportunity.

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## AMA Announces CPT Code Changes for 2013 that Address Constantly Evolving Healthcare Advancements

*Dedicated input of practicing physicians working together with organized medicine results in important updates*

CHICAGO - Sept. 18, 2012 - The American Medical Association (AMA) today announced the culmination of medicine's annual effort to capture and describe the latest scientific advances in medical, surgical and diagnostic services with the recent public release of the 2013 Current Procedural Terminology (CPT) code set. The new code set should be used for claims filed as of Jan. 1, 2013.

"Medical knowledge is constantly advancing and as steward of CPT, the AMA invests extensive resources each year to keep the code set current with contemporary medical science and technology so it can fulfill its vital role as the health system's universal language for reporting medical procedures," said AMA President Jeremy A. Lazarus, M.D. One of the largest recent expansions to the CPT code set was the result of significant advancements in understanding and testing for the molecular basis of disease, including the Human Genome Project. In response to the incredible potential offered by this scientific progress, new CPT codes for molecular pathology tests first appeared in 2012 and the evolving process has resulted in the creation of 116 molecular pathology codes available in the 2013 CPT code set. The new codes will enhance the reporting of innovative diagnostic tools now available to advance medicine's overarching goal of reducing disease burdens, improving health outcomes and reducing long-term care costs. Additional CPT enhancements for 2013 reflect physician practice changes and technology improvements in cardiology, neurologic testing and psychiatry.

"Ensuring that CPT codes accurately reflect the medical care provided to patients is only possible through the dedication and direct input of practicing physicians, allied health professionals and advisors from more than 100 medical specialty societies," said Dr. Lazarus. "Tapping into the clinical expertise of the health care community produces the practical enhancements that CPT needs to reflect the coding demands of the modern health care system."

Broad input from the health care community has allowed CPT to better support the reporting needs of physicians and others participating in emerging models of care, such as a patient-centered medical home, accountable care organization and other novel integrated delivery systems.

The CPT changes better capture the work involved in managing patients with complex chronic conditions within one of the new integrated delivery systems. While codes for some of these care coordination services were already available, the new care coordination codes for 2013 allow medical practices to efficiently report time spent connecting patients to community services, transitioning them from inpatient to other settings and preventing readmissions. These are all critical components of improving health outcomes and reducing healthcare system costs.

"The newest edition of the CPT code set is a good example of how the AMA and organized medicine are working jointly in summarizing complicated medical services with a simple five-digit numeric code," said Dr. Lazarus. "Prior to CPT's universal adoption in 1983, the health care system struggled to cope with multiple code sets for reporting procedures, most of which had inadequate input from the medical profession. The American health care system has greatly benefited in the last 30 years by the creation and continual updating of CPT as the uniform standard for efficiently communicating vital information between physicians, hospitals and health plans."

The AMA invites the health care community to learn more about the significant changes to the 2013 CPT codes and descriptors by attending the CPT/RBRVS Symposium in Chicago from Nov. 14-16, 2012. For additional information, please visit the AMA website at: <http://www.ama-assn.org/go/symposium>

*Growth means change and change involves risk; stepping from the known to the unknown.*



# Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

## Section Two

### An Appropriate Physician-Patient Relationship

The health and well-being of a patient depend upon a collaborative effort between the physician and patient. The physician-patient relationship is fundamental to the provision of acceptable medical care, and physicians are expected to recognize the obligations, responsibilities and patient rights associated with establishing and maintaining an appropriate physician-patient relationship. The relationship between a physician and patient begins when an individual seeks assistance from a physician for a health-related matter, and the physician agrees to undertake diagnosis and treatment of the patient. The physician-patient relationship can begin without a personal encounter, which allows for online interactions to constitute the beginning of the relationship. Physicians should remember that when using electronic communications they may be unable to verify that the person on the other end of the electronic medium is truly the patient; likewise, the patient may not be able to verify that a physician is on the other end of the communication. For that reason, the standards of medical care do not change by virtue of the medium in which physicians and their patients choose to interact. The following narratives demonstrate examples where unintended consequences of physicians' use of social media and social networking may undermine a proper physician-patient relationship and the public trust.

1. A urologist who is an astute clinician and well respected by his colleagues recently began posting his comments, views and observations on Twitter. The same day that the United States Preventive Services Task Force came out with a recommendation, in October 2011, against routine Prostate-Specific Antigen (PSA) screening in healthy men for prostate cancer, he posted a tweet with writing that used disrespectful language to disagree with the recommendation. The tweet has now gone viral and has been read by many of his patients, colleagues, fellow researchers, family and friends.
2. A patient noted disrespectful language on a physician's blog when the physician expressed frustration towards another patient who had to visit the emergency department multiple times for failing to monitor her sugar levels. The physician referred to the patient as "lazy" and "ignorant" on their blog.
3. Approximately two years after a physician left his private practice, a former patient asked to "friend" him on Facebook. The physician had set up a Facebook account to participate in a review course for Maintenance of Certification (MOC), but remained on Facebook to stay in touch with family. The physician felt conflicted about the request because he was no longer the patient's physician, and had no intention of returning to private practice. The patient was also very emotionally fragile, and cried at most office visits. The physician wrestled with whether or not to accept the request, but eventually did so for fear that rejecting the request would damage the former patient's self esteem. The former patient never posted anything inappropriate, and only contacted the physician to wish him a happy birthday. The physician still feels uncomfortable maintaining this online "friendship," and has considered closing his Facebook account.
4. A psychiatrist in her 30s used Facebook to befriend a former female patient of similar age who she took care of when she was a psychiatry resident in another state. They had "hit it off" because they had similar tastes in music and art and developed a level of trust that the patient said she had not had with anyone else. They now periodically exchange pleasantries on Facebook, but lately the patient's affect online appears different, worrying the psychiatrist. The psychiatrist is planning to spend the holidays with her family in the same state as her former patient, and is considering getting together with her former patient to "catch up," but is unsure how to properly initiate contact with her former patient. Should the psychiatrist just meet her for coffee? Is it appropriate for them to meet at all? She knows she probably shouldn't use Facebook because it may not be private, but she also doesn't want to give the patient her personal e-mail address.
5. A concerned patient notes that her physician frequently describes "partying" on his Facebook page, which is accompanied by images of himself intoxicated. The patient begins to question whether her physician is sober and prepared to treat her when she has early morning doctor's appointments.
6. A physician comes across the profile of one of his patients on an online dating website and invites her to go on a date with him. The patient feels pressured to accept the invitation because her next appointment with her physician would be awkward if she refuses.
7. A first-year resident films another doctor inserting a chest tube into a patient. The patient's face is clearly visible. The resident posts the film on YouTube for other first-year residents to see how to properly do the procedure. These examples highlight the importance of proper boundaries within the physician-patient relationship. Even seemingly innocuous online interactions with patients and former patients may violate the boundaries of a proper physician patient relationship. Physicians should not use their professional position, whether online or in person, to develop personal relationships with patients. The appearance of unprofessionalism may lead patients to question a physician's competency. Physicians should refrain from portraying any unprofessional depictions of themselves on social media and social networking websites.

*Guidelines for Social Media will be continued in the next several issues.*



## LCMS CALENDAR OF EVENTS 2012 & 2013

### OCTOBER

- 6 Alliance –Potluck in Paradise**  
Home of Maureen & Brian Schwartz
- 16 LCMS Board of Governors Meeting**
- 19 Alliance-Happy Hour, TBA**
- 26 –28 FMA Fall BOG & Council Days**  
Loew's Portofino Bay, Orlando, FL

### DECEMBER

- 3 Holiday Party**  
Gulf Harbour Golf & Country Club  
14500 Vista River Drive  
Fort Myers, Florida 33908
- 18 LCMS Board of Governors Meeting**

### FEBRUARY 2013

- 8-10 FMA / FMA PAC Meeting**  
Univ. Hilton Conference Center  
Gainesville, FL
- 11-13 National Advocacy Conference**  
Grand Hyatt Washington  
Washington , DC
- 19 LCMS Board of Governors Meeting**

### APRIL 2013

- 16 LCMS Board of Governors Meeting**

### JUNE 2013

- 9 LCMS Hockey Event**  
TBA
- 15-19 AMA Annual Meeting**  
Hyatt Regency Chicago  
Chicago, IL
- 18 LCMS Board of Governors Meeting**

### NOVEMBER

- 10 –13 AMA Interim Meeting**  
Honolulu, HI
- 15 LCMS General Membership Meeting**  
FineMark National Bank & Trust  
Fort Myers, FL 33919
- 20 LCMS Board of Governors Meeting**

### JANUARY 2013

- 3-5 State Legislative Strategy Conference**  
Turnberry Isle Miami, Miami, FL
- 15 LCMS Board of Governors Meeting**
- 18 Annual Medical Service Awards /  
Installation of Officers**  
Royal Palm Yacht Club  
2360 West First  
Fort Myers, FL 33901

### MARCH 2013

- 19 LCMS Board of Governors Meeting**
- 21 General Membership Meeting**

### MAY 2013

- 16 LCMS General Membership Meeting**
- 17-19 Spring Board of Governors Council Days**
- 21 LCMS Board of Governors Meeting**

### JULY 2013

- 16 LCMS Board of Governors Meeting**
- 26-28 FMA Annual Meeting**  
Hilton Bonnet Creek  
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