

July 2013

2013 Meetings & Events

GENERAL MEMBERSHIP MEETING WINE TASTING

September 20, 2013

6:30 p.m.

Robb & Stuckey International

13170 S Cleveland Ave

Fort Myers, FL 33907

Note: Meeting is on Friday

RSVP to: Lee County Medical Society

13770 Plantation Road, Ste 1

Fort Myers, FL 33912

Tel: 936-1645

Fax: 936-0533

INSERTS

President's Message

LCMS AMSA Nomination Form

Urgent Care Seeking Physicians

Market America Flyer

ARNP / EMT / Protocol Form

Florida Medical Association Annual Meeting

July 26-28, 2013

Hilton Bonnet Creek, Orlando, FL

Delegates representing LCMS:

Cy Anderson, MD

Stefanie Colavito, MD

Valerie Dyke, MD

Richard Macchiaroli, MD

F. Rick Palmon, MD

Shari Skinner, MD

Stuart Bobman, MD

Daniel de la Torre, MD

Larry Hobbs, MD Chair

Jeffrey Neale, MD

James Rubenstein, MD

Shahid Sultan, MD

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About the Cover:

By Peter Sidell, M.D.

An eagle leaving the nest. Taken from
the Pond Apple Trail that starts at the
Sanibel Visitors Center.



LEE COUNTY MEDICAL SOCIETY BULLETIN

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PRINTERS

Rapid Print of SWFL

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

New Practice

Manuel Del Sol, MD - Del Sol Medical Center

2002 Del Prado Blvd. South, Ste 100
Cape Coral, FL 33990
Tel: 239-217-4470 Fax: 239-217-4474

Kim Schurman, MD

2684 Swamp Cabbage Ct., Fort Myers, FL 33901
Tel: 239-935-8668

Peter Denk, MD - GI Surgical Specialists, PLLC

13710 Metropolis Ave., Ste 101
Fort Myers, FL 33912
Tel: 239-313-7522 Fax: 239-244-9957

Retired

Irwin Kash, MD

Rejoined

Steven Woodring, MD

May's New Members

Donald T. Harris, MD

Family Medicine - LPG at The Sanctuary

Ahmed A. Hassan, MD

Family Medicine - Lee Physicians Group

Irina F. Gershin-Stevens, DO

Pediatric Nephrology -
Golisano Childrens Hospital

Brad A. Snead, MD

Ophthalmology - Snead Cataract

Robert M. Stanfill, MD

Radiology - Radiology Regional Center

Laura E. White, MD

Orthopedic Hand Surgery -
Orthopedic Associates of SWFL, PA

NEW APPLICANTS



Munish K. Bhalla, MD – Dr. Bhalla received his MD degree from SABA University School of Medicine, SABA Netherlands-Antilles, 1999-2003. He completed his internship and residency at Jewish Hospital, Cincinnati, OH 2003-2006 and a fellowship in Emergency Medicine at Atrium Medical Center, Middletown, OH 2010-2011. Dr. Bhalla is American Board Certified in Internal Medicine. He is in group practice with Florida Medical Associates, 8971 Daniels Center Dr., Unit 307, Fort Myers, FL 33912 Tel: 239-210-4247.



Amy B. Stanfill, MD – Dr. Stanfill received her MD degree from University of Iowa College of Medicine, Iowa City, IA in 2000. She completed her internship and residency at University of Iowa Hospitals and Clinics, Iowa City, IA 2000-2005. She also completed a fellowship in Pediatric Surgery at Miami Children's Hospital, Miami, FL 2005-2007. Dr. Stanfill is in group practice with Golisano Children's Hospital of SWFL at 15901 Bass Road, Ste 102, Fort Myers, FL 33908 Tel: 239-343-9890.



Margaret D. Taha, MD – Dr. Taha received her MD degree from College of Human Medicine, Michigan State University, Lansing, MI in 2001. She completed an internship and a residency at William Beaumont Hospital, Royal Oak, MI 2001-2006 and a fellowship in Breast and Body Imaging at William Beaumont Hospital 2006-2007. Dr. Taha is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316. She was board certified by the American Board of Radiology in 2006.



David E. Eichten, DO – Dr. Eichten received his DO degree from Kansas City University of Medicine and Bioscience, Kansas City, MO in 2007. He completed his internship at Ohio University College of Osteopathic Medicine, Dayton, OH 2007-2008, his residency at Grandview Medical Center, Dayton, OH 2008-2012 and a fellowship in Joint Replacement at Joint Implant Surgeons of Florida, Fort Myers, FL 2012-2013. He is in group practice with Joint Implant Surgeons of Florida, 7331 College Parkway, Ste 300, Fort Myers, FL 33907 Tel: 239-337-2003.

If you have changed locations, added a new physician to your practice, or changed office managers, please call the Medical Society office. It's important to keep us up-to-date so that you receive the patient referrals and office communications for your practice from the Medical Society.

Recruit three new members & your 2014 dues will be free of charge.

PRESIDENT'S MESSAGE: **TIME FOR SOME GOOD NEWS**

Audrey Farahmand, M.D.



As the 2013 Florida Legislative Session wraps up, there is some good news for physicians. The first big victory for physicians is passage of the Medical Liability Reform Bill. This tort reform will finally ensure that a physician has the right to consult with an attorney if they are a non-defendant in a suit. It also gives physicians equal access to medical fact witnesses, and requires fairness in the use of medical expert by permitting only those physicians in the same specialty as the physician against whom the testimony is offered.

Another huge victory for physicians is the CAT fund exemption. This exemption ensures that physicians will not be subject to assessments on their medical malpractice insurance. If this bill did not pass, physicians would have been faced with the possibility of paying thousands of dollars in additional insurance costs if a large hurricane were to strike Florida.

Another win: the FMA pushed for funding for Graduate Medical Education in the budget, and lawmakers included \$80 million to pay for 700 new residency slots in Florida.

Also, the FMA successfully removed anti-physician provisions in

the "Accuracy in Damages" bill which allows juries a clearer picture of true medical costs when deciding current and future medical damage awards in injury cases¹ (In Florida, generally only the amount of medical care billed is admissible as evidence of damages rather than the amounts actually paid by the health insurance company - leaving the jury with a much more inflated picture of damages both current and future).

Attempts to prohibit physicians from dispensing worker's compensation medications have been successfully fought off.

A long-sought compromise between ophthalmologists and optometrists has been worked out.

The use of EpiPens in Florida schools has been successfully secured.

We are grateful to the FMA for these successes. The Lee County Medical Society will continue to update our physicians on Legislative developments and will call upon them to email legislators when pro-medicine bills are being considered in the House or Senate.

¹Schorsch, Peter, "2013 Legislative Winners and Losers-FMA should take a bow", StPetersBlog.com

FLORIDA BOARD OF MEDICINE **STANDARDS FOR PROTOCOLS: PHYSICIANS AND ARNP**

In Florida, an advanced registered nurse practitioner (ARNP) is defined by s. 464.003, Florida Statutes as "any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners." According to Rule 64B8-35.002, Florida Administrative Code, ARNP's "shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida licensed physician, osteopathic physician or dentist."

The protocol established between the ARNP and the physician must contain certain information as outlined in the rule noted above. In addition, the following language is required in the protocol:

I, (name and professional license number of physician) , of (address of physician) have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with (number of persons) emergency medical technician(s), (number of persons) paramedic(s), or (number of persons) advanced registered nurse

practitioner(s).

In the past, protocols were required to be submitted on a yearly basis and every time there was a change in the protocols. Effective May 6, 2013, a change in Rule 64B8-35.002, FAC will require the protocols to be submitted within thirty days of renewal of the ARNP's license and upon any change, including termination of the protocol. This change makes the rule consistent with the Board of Nursing requirements for protocols. Both the physician and the ARNP must maintain a copy of the protocol for a minimum of four years.

Protocols should be submitted to the Board of Medicine at 4052 Bald Cypress Way, Bin C03, Tallahassee, FL 32399 or faxed to the Board at (850) 488-0596.

A form, ARNP/EMT/Paramedic Protocol Form, is available at the Board of Medicine's website at www.FLBoardofMedicine.gov, Resources. If you have any questions, feel free to contact the Board at info@flboardofmedicine.gov



LCMS FRIENDS IN MEDICINE

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.



'BE PREPARED' IS THE MOTTO TO FOLLOW WHEN TESTIFYING IN A MALPRACTICE LAWSUIT

If you're faced with a malpractice lawsuit, you may feel that the entire litigation process—from discovery to trial—is beyond your control. But there is one very important element that you can control: your own testimony. Because the courtroom differs from the exam room or the surgical suite, and because opposing counsel's job is to attempt to discredit you, being prepared is a must.

Physicians can start the preparation process by reviewing these basic tips before testifying:

- **Limit Your Answers**

Whether you're on the witness stand or in a deposition room, your only obligation is to answer the question you were asked. You may be tempted to provide additional information that you think is relevant, but you could inadvertently harm your case. Stay within the scope of the question. Your attorney—not you—has responsibility for making sure that all relevant information is introduced.

- **Provide a Careful, Precise Answer**

When you answer precisely, you remove ambiguity from your testimony. But be sure not to box yourself in. If you are asked for a complete list of your actions, answer carefully. Unless you are absolutely sure you've provided every element, leave the list open. For example, if you are asked to detail the steps you took before arriving at a diagnosis, it is acceptable to say, "At this time, these are the steps I remember taking."

- **Stay Calm**

Keep your cool. You lose credibility when you become sarcastic, raise your voice, or get defensive. Opposing counsel may try to provoke you. Don't take the bait. If you can feel your blood pressure rising, pause for a moment to collect yourself before answering the question.

- **Be Straightforward**

The facts will come out in your deposition or at trial, so there is no point in trying to avoid an admission, even if you think that making it will hurt your case. When opposing counsel asks a question, don't obfuscate. Quickly provide a clear answer. Dancing around the issue will only give it more prominence.

The Doctors Company provides Litigation Education Retreats as an exclusive benefit for members facing claims. At these one-day seminars, litigation experts offer essential advice about what makes a winning case, and physicians learn the skills necessary to aid in their own defense. Find more information at www.thedoctors.com/LER.

Contributed by The Doctors Company. For more risk tips, patient safety tips, and physician practice tips, visit www.thedoctors.com/patientsafety.

We Appreciate Your Referrals!



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

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MED STATS

How Do I ... Update My Practitioner Profile

Since 1997, Florida law has required physicians to create and maintain a Practitioner Profile [s. 456.041 – 046, Florida Statutes].

When a physician becomes licensed in Florida, he/she is given their Practitioner Profile to review for accuracy, which will then go live on our website 30 days later. Thereafter, practitioners are required to update their profile within 15 days of any change. Failure to do so places you at risk for disciplinary action. Updating your Practitioner Profile can easily be done using the Florida Board of Medicine's new web page:

- Go to www.FLBoardofMedicine.gov
- Click on Resources
- Click on Helpful Links
- Click on Update Your Practitioner Profile

You might be wondering when your profile was last updated. We highly recommend reviewing your profile frequently to ensure that all of the information available to the public is correct.

To update your Practitioner Profile, you will need to use the same User ID and Password that is required to renew your license. If you cannot recall your User ID and/or Password, instructions for retrieving this information can be found on the MQA Services website. Most of the updating can be accomplished online; however, some items require the information to be sent to the Board Office. Additionally, Profiling Staff are available to assist you and can be reached at (850) 488-0595.

VOLUNTEERS NEEDED:

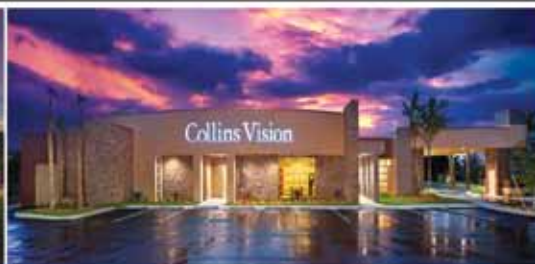
Lee County Volunteers in Medicine is opening a second free clinic in Harlem Heights through a partnership with The Heights Foundation and we are in need of volunteers! The clinic greatly needs the services of doctors, physician assistants, nurse practitioners, nurses, medical assistants and various other personnel to continue serving and to better meet patient needs. With your medical knowledge, expertise in your field, and experience in healthcare, you can make an impact and renew and restore the lives of the grateful patients at the clinic. By contributing your time, gifted mind, and experienced hands, you have the opportunity to heal lives and reach out to a community in great need. We cannot serve alone. If you are interested in volunteering or would like more information, please email akuzbyt@leecountyvim.com or call Andrea Kuzbyt at 239-368-8080.

AMA Applauds Confirmation of CMS Administrator, Marilyn Tavenner

"The American Medical Association (AMA) is very pleased that the Senate has confirmed Marilyn Tavenner as administrator of CMS. As acting administrator, she has demonstrated her ability to be a capable and effective leader. We look forward to continuing to work with the administrator to strengthen the Medicare system to improve health outcomes for patients and the practice environment for physicians."

Jeremy Lazarus, M.D., President, AMA

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HIPAA COMPLIANCE GUIDE

By First Professionals Insurance Company, Inc./The Doctors Company

HIPAA DEFINED

The following article will be the first of a series of articles on HIPAA over the next few months.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to improve the efficiency and effectiveness of health care delivery systems and entails:

- 1) Electronic Transaction and Code Sets Standards requirements
- 2) Privacy requirements
- 3) Security requirements
- 4) National Identifier requirements

Currently, the law applies to “covered entities” and “business associates”. A covered entity is defined as:

- Health Care Providers who transmit any health information electronically
- Health Plans
- Health Care Clearinghouses

A business associate is defined as “a person or entity that performs certain functions or activities that involve the use or disclosure of **protected health information** on behalf of a covered entity. A member of the covered entity’s workforce is not a business associate.” Physician practices may have a myriad of business associates including: an accountant whose services involve access to protected health information, an independent medical transcriptionist, a contracted physicians’ answering service, and a contracted billing and collections company whose services include filing patients’ health care claims.

Consequently, HIPAA directly impacts health care providers who transmit any health care information in electronic form in connection with a covered transaction, as well as indirectly impacting their business partners.

The three main provisions of HIPAA include:

- 1) Portability of insurance benefits,
- 2) Tax reform related to certain health care benefits, and
- 3) Administrative simplification.

The aim of administrative simplification is to improve the accuracy and timeliness for paying medical claims by setting national standards for electronic health care transactions. Because advances in technology threaten the privacy of confidential health information, Congress mandated that privacy provisions be incorporated into the HIPAA laws. In response, the Department of Health and Human Services enacted Privacy Rules that created national standards to protect individually identifiable health information.

Protected Health Information (PHI) includes:

- Any oral, recorded, written, or electronic health information.
- Information relating to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or billing and payments made for the provision of health care to an individual.
- Any personal health information that may connect the patient to the information, such as the patient’s name, address or social security number.

The information contained herein is published by First Professionals Insurance Company as a risk management service to its policyholders and does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained are generalized and may not apply to all practice situations. First Professionals Insurance Company recommends that legal advice be obtained from a qualified attorney for a specific application to your practice.



SAVE THE DATE!
10.12.13
 OCTOBER SATURDAY
LCMS alliance
Potluck in Paradise
 At the home of
 Drs. Andy & Denise Oaks-Lottridge
 1315 Florida Avenue, Fort Myers
 Please notify Mariquita Anderson, mariquita@nderson.net if you have a new physician joining your practice!

DO YOU HAVE A MAILING TO SEND OUT TO OTHER PHYSICIANS?

The LCMS offers mailing labels of the LCMS physicians to its members at a discounted rate. We also offer a disk of the mailing list in an Excel file. With purchase you will receive a one-year free update on your disk. Please call the office for more details at 936-1645. Also check out our discounted advertising rates for the Bulletin.

If you have an event or announcement that you would like to share with the LCMS membership, please forward your brief description to valerie@lcmsfl.org.

LCMSA's *Spring Fling* 2013

LCMSA's Spring Fling 2013 was a fun, casual cocktail party held on 4-13-13 at Brodeur Carvel Fine Apparel in the Bell Tower. Rob Carvel of Brodeur Carvel helped coordinate this wonderful event along with Mariquita Anderson, Juli Bobman, Brian Kelly, Leya Neizvest, Traci Mehalik, Betty Rubenstein and Gabi Turkel. All who attended enjoyed delicious hors d'oeuvres and drinks catered by Cru and listened to the fabulous tunes from today and yesterday by DJ Carlos Velazquez. The crowd cheered as the the fashions were modeled with flair and enthusiasm by: Leya Neizvest, Lisa Tritel, Betty Rubenstein, Meir Daller, Cy Anderson, and Jim Rubenstein. Ten percent of the evenings sales were donated to our LCMS Alliance Foundation. The grand total donated by Brodeur Carvel is \$700.00! It was an awesome event!



WHOSE LIFE IS IT ANYWAY?

By Shahid Sultan, M.D.

I admit I took the title of this essay from a 1981 movie starring Richard Dreyfuss. In this movie he plays a sculptor who, as a result of a car accident, becomes paralyzed below the neck. Unable to use his hands and do what he considers the most important thing in his life, he asks his doctors to remove his feeding tube and let him die. When his doctors refuse to abide by his wishes it becomes a court drama ending with the judge deciding in his favor. Ironically he wins his case to die.

In the US, the medical community in particular and society in general has never been comfortable with euthanasia no matter what the patient wishes for. Traditionally, doctors have always considered themselves patient advocates and the best judge of what is right for the patient. We have what can be termed as a case of irrational optimism. We are reluctant to give bad news. It is almost a personal failure to admit that nothing further can be done and the patient will die. It was reported in Annals of Internal Medicine that doctors are not always upfront about the prognosis with their patients:

- * Only 37% of the time were they up-front with their patients about their chances of survival.
- * Refused to give any estimation 23% of the time
- * Told patient something else 40% of the time
- * Fully 70% of the time doctors were overly optimistic about the disease outcome

There are multiple reasons for this phenomenon, including the pop culture where seemingly deadly diseases can be cured and in medical schools where we are taught that if we continue to intervene eventually we will succeed in curing the disease. This mind-set of curing every ailment is only possible if we develop a sense of everlasting optimism that, unfortunately, does not always serve the best interests of our patients. New technologies, the Internet and 500 available channels on TV have also given skewed hope to patients. I see it every day, I come across parents who think that their newborn child born after 24 weeks of gestation will survive fully intact because they saw it on TV or read it on the Internet. But then again who is to say who is right. A neurologically damaged child with multiple handicaps may give them the love and happiness they can live with and my job is just to give them the prognosis as I know it today and follow their wishes.

During the past few years I was on the other side and saw the trauma and anguish that involves the process of making the end of life decision. My sister who was single and lacked health insurance developed breast cancer and decided to forgo any therapy. In her opinion she did not have any family for which to live and did not want to be a financial burden on her brothers. More importantly she refused to be sick with nausea, vomiting, pain, extreme fatigue, hair loss and radiation burns—without any guarantee of a cure. She wanted to enjoy her remaining time with her nieces and nephews. She lasted almost five years, took narcotics for pain and died peacefully in her house with her family. She could have gained a few more years with the treatment but quality of life trumped her decision.

On the other end of the spectrum was my wife's business associate. She also developed breast cancer and underwent all the usual treatments of mastectomy, chemotherapy and radiation. In the end she even went to Europe and had something called heat therapy that did not work either. She survived a little more than five years but in the process, ended up going through a lot of pain, depleting her savings, leaving the business and putting tremendous strain on her husband and 12 year old daughter. I really cannot say what her family went through but the strain and anguish was obvious.

It is hard to say who was right in these two examples, but no matter what, patients should be given a chance to decide for themselves. As it is difficult for a lay person to fully judge the risk/benefits of modern treatments therefore, it falls upon us as physicians to be fully candid about the prognosis of an ailment and the chances of a reasonable outcome. Our own understanding of the treatment choices may be cloudy due to the emotions and biases we harbor. We are taught to believe that the most up-to-date treatment is the right choice and we often are ignorant of the risks involved or fail to fully disclose the associated risks of a therapy. Every patient wants to know the risk associated with a particular therapy, be it Statins for high cholesterol or chemotherapy for cancer, and whether the risk of therapy is balanced by the benefits it promises. My sister answered "no" for her own reasons but as caregivers it is our duty to talk with our patients and give them an opportunity to understand the treatment trade-offs in a difficult situation. In my sister's case, quality of life took priority over the potential benefits of therapy and in the case of my wife's associate, the time gained was worth the pain she went through, but at least they both were able to make the decision on their own terms. After all it was their life anyway.

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PHYSICIAN FINANCIAL TRANSPARENCY REPORTS **(SUNSHINE ACT)**

The Physician Payments Sunshine Act (Sunshine Act), which is part of the Affordable Care Act (ACA), requires manufacturers of drugs, medical devices, and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals. Manufacturers will submit the reports to the Centers for Medicare & Medicaid Services (CMS) on an annual basis. In addition, manufacturers and group purchasing organizations (GPOs) must report certain ownership interests held by physicians and their immediate family members.

The majority of the information contained in the reports will be available on a public, searchable website. Physicians have the right to review their reports and to challenge those reports that are false, inaccurate, or misleading.

Summary of Key Provisions of the Sunshine Act

Financial Transfers:

Direct. Manufacturers of a drug, device, biological, or medical supplies participating in federal health care programs will have to report to CMS any direct payments or transfers of value to physicians and/or teaching hospitals of \$10 or more. However, there are 12 exceptions where a direct payment or transfer of value is not subject to reporting. These include product samples and educational materials that directly benefit patients.

Third Party. There are certain transfers, not made directly to physicians, that are subject to reporting (called indirect transfers). Transfers or payments that the physician specifies should be given or paid to another person or entity would be reportable, so too would any transfer or payments that another person indicates are being made on behalf of the physician. CMS requires reporting even though a physician does not receive the payment or transfer.

Indirect. Another reportable indirect transfer includes when manufacturers make a payment to a third party, such as physician organization, and then *requires, instructs, or directs* the payment or transfer of value to be provided to a specific physician or intended for physicians (in the latter case without regard to whether specific physicians are identified in advance).

Ownership: Manufacturers and GPOs participating in federal health care programs will have to report to CMS certain ownership interests held by physicians and their immediate family members. However, there are certain ownership interests, such as securities which may be purchased on terms generally

available to the public and which are listed on a stock exchange in which quotations are published on a daily basis, which are not reportable ownership interests.

Review & Public Reports: The majority of the information contained in the transparency reports will be available on a public, searchable website. By statute, physicians are provided, at a minimum, 45 days to review their own consolidated transparency report and make corrections before the report is made public. Physicians have additional time, cumulatively two years, to dispute reports even after the reports are made public. If a physician utilizes the dispute process, the public data will be marked as disputed in the public database.

Key Dates

August 1 through December 31, 2013: Manufacturers are required to begin collecting and tracking payment, transfer, and ownership information. Thereafter, they are required to report for each full calendar year.

January 1, 2014: We anticipate that CMS will launch the physician portal that allows physicians to sign-up to receive notice when their individual consolidated report is available for review. This portal will also allow physicians to contact manufacturers/GPOs if they want to dispute the accuracy of a report.

March 31, 2014: Manufacturers/GPOs will report the data for 2013 to CMS.

June 2014: We anticipate that CMS will provide physicians access to their individualized consolidated version of all manufacturers/GPO reports for the prior calendar year in June 2014. Physicians may access the consolidated reports via an online website portal maintained by CMS and will be able to seek correction or modification by contacting the manufacturer/GPO through the portal.

September 30, 2014: CMS will release most of the data on a public website.

On April 24, 2013 the AMA presented the webinar “Physicians Preparing for the Sunshine Act: What You Need to Know and How to Prepare.” The archived broadcast and slidedeck for this webinar are now available.

To find out more, visit AMA website at <http://www.ama-assn.org/ama/pub/advocacy/topics/sunshine-act-and-physician-financial-transparency-reports.page>

WE WANT TO THANK YOU

Each year as you decide which organization to belong to, and their value, the answer becomes more challenging. There are many groups you can belong to; we know your time and resources are limited. As changes continue to evolve, you ask yourself what value do I get, can the Lee County Medical Society help me with them, will they continue to be important and thrive? You, the Lee County Medical Society members, have arrived at the same conclusion; YES, it is worth it!

The LCMS began in 1932 as your only local medical society for doctors in Southwest Florida. Through the years, the LCMS has been there representing you through the many changes. The core purpose of the LCMS remains the same; doctors working together for the betterment of public health and for their patients, providing timely, quality access to health care for all of Southwest Floridians.

Doctors have always faced challenges as medicine and technology changed through the years, and the LCMS was always there representing you. 2013 is not different. Doctors are dealing with the changes from the ACA and other health care laws. There have never been so many legislative health care issues at the state and national level as we have now. The one constant is that the LCMS is always here for their members. The LCMS works diligently to help ease the burden of the multitude of changes your practices face. Your local medical society is 100% driven by physicians who represent and support YOU and your practice.

The LCMS advocates locally and nationally for you and your patients. The LCMS board members continue to oversee the Medical Society by providing direction and advice in keeping the society relevant for today's changing times. The 2013 LCMS Delegates continue to represent you at the Florida Medical Association (FMA) Annual Meeting each year. The legislative committee, and staff have worked relentlessly with the Florida Legislators so that they are cognizant of the issues that could affect the practice of medicine and your patients. We keep you current with LCMS

activities, advocacy and colleagues through your Monthly Newsletter, Bulletin. The LCMS electronically sends you CMS and other legislative information to assist you with current and timely medical and legislative information.

We network with medical group managers and your office personnel to provide accurate and current information as it occurs. We also assist in practice management issues.

We assist patients seeking a new physician who must change because of insurance or for a number of reasons. They call the LCMS to assure the physician they select has the credentials and expertise they are looking for and at a location by their home or hospital. The LCMS coordinates and distributes a Pictorial Physician Membership Directory free of charge to the public and at health care related events. We also proved an active website that offers patients and physicians valuable information, and other useful tools for our members.

We provide social opportunities for camaraderie and social events to bring all of the LCMS doctors, spouses & guest together throughout the year.

The Lee County Medical Society is as busy and relevant as ever. Each year we are committed and work diligently with you and for you on any and all issues that affect the practice of medicine. This is your local medical society and we could not be here without you. Thanks for committing to another year and trusting the LCMS to represent you.

Dr. Jeffery S. Allbritten was installed as the fourth President in the 50-year history of Edison State College on April 4, 2013. LCMS congratulations go out to Dr. Allbritten.



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LCMS CALENDAR OF EVENTS

JULY

26-28 FMA Annual Meeting
Hilton Bonnet Creek, Orlando, FL

SEPTEMBER

17 LCMS Board of Governors Meeting
20 LCMS General Membership Meeting / Wine Tasting
Robb & Stucky International
13170 S Cleveland Ave, Fort Myers, FL 33907



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