

LEE COUNTY  
MEDICAL  
SOCIETY

# Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 12, NO. 8

Fort Myers, Florida

December, 1990



**Merry  
Christmas**

and

**Happy  
Hanukkah**



**HolidayParty HolidayParty HolidayParty**

LEE COUNTY MEDICAL SOCIETY AND AUXILIARY

Invite You To A

HOLIDAY DINNER AND DANCE

Monday, December 17, 1990

at the

ROYAL PALM YACHT CLUB

7-11 P.M.

7:00 P.M. - SOCIAL HOUR

ENTERTAINMENT BY: FT. MYERS HIGH SCHOOL CHORUS

8:00 P.M. - Dinner and Dancing

UPSTAIRS - DOWNSTAIRS: Buffet Dinner/Cash Bar

MUSIC BY: "KARKEY & WOODARD"

NAME: \_\_\_\_\_

PLEASE MAKE \_\_\_\_\_ RESERVATIONS

Reservations must be received by 12/14/90

\$30.00 per person for Non-Members & Guests

**HolidayParty HolidayParty HolidayParty**

**IN MEMORIAM - JACK C. WARNOCK, M.D.  
1921 - 1990**

About two years ago, Jack Warnock learned that he had a severely aggressive form of prostatic cancer. Although he was able to continue functioning as an assistant in surgery for a portion of the last years, a majority of his time had been spent in search of a solution to this devastating problem. As we now know, this search was unsuccessful, and he passed away on November 11th, 1990.

Almost twenty years ago, I came to Fort Myers to join Jack in practice. At that time he, Doug McCall and Wade Garner were carrying an incredible load of orthopedic patients. From what I understand, they frequently worked many nights and entire weekends without much of a break. As the population grew and as the orthopedic population grew, we all became somewhat less busy but not necessarily comfortably so.

Throughout the entire period of time that Jack and I worked together, he maintained an incredibly well-organized work schedule; and with regard to life, always seemed to have a remarkable understanding of his place in the world. He flowed along on an even keel while many of us were never sure whether we would emerge from the rough seas around us. His calm nature and insightful observations often offered to those of us who worked with him a clear pathway through all of our confusion.

As Jack and I entered into a more limited practice experience, he elected to assist many of us at surgery. Finally, he limited himself almost entirely to assisting me in our many challenging total joint cases. His remarkably stoic nature and clear perception of what might make a case easier never ceased to amaze those of us who worked closely with him. Oftentimes, he would show up in the operating room with a very clever device to solve the problems that we seemed to have been having. Many of these devices were fabricated by Jack and a neighbor, and sometimes Jack would simply go to Sears and pick up some items for us to try in our cases. Those were some of the lighter moments of our experiences in the operating room.

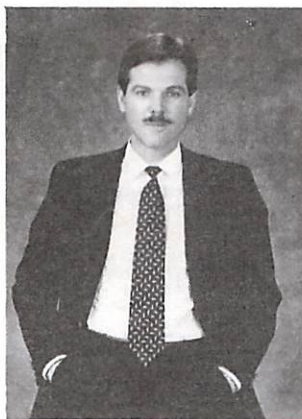
I certainly need to mention Jack's untiring efforts to assist a hospital in Africa and I feel that was an extremely satisfying part of his life, even though it may have been somewhat frustrating.

It is really quite impossible to express how we will all miss him. November 11th was certainly the end of an era in the lives of us who worked with Jack.

In Loving Memory,

*John B. Fenning*  
John B. Fenning, M.D.

**PRESIDENT'S  
MESSAGE**



KIM L. SPEAR, M.D.

**WRAP-UP**

Two roads diverged in a yellow wood,  
I took the one less traveled by  
and that has made  
all the difference... Robert Frost

My last editorial allows me to be reflective. We have accomplished a lot this year.

I'm very proud of the Senior Care Card Program we began this year. It has been a big accomplishment. The patients who are involved in the program are grateful. It reflects well the attitudes of the physicians in our community. Felix Mestas, M.D. helped greatly with its origin. If you have not joined in this program, please consider it.

Preventing passage of the Bio-hazardous Waste Ordinance took a tremendous effort. As your Medical Society President this took approximately 60 hours to reach a compromise. We were assisted greatly by John Cecil from Lee Memorial Hospital and Ed Dupay, D.O., President of the Osteopathic Society, who is also a member of our Medical Society. I also want to clarify Dr. John Naponick's role.

As Director of the Health Department he was put in a position of being on the other side, but actually, he played a statesman-like moderator role. Dr. Naponick is a member of our Medical Society and could see the problem from both sides. The Society will continue to cooperate with John as he implements new State Government laws handed down to him.

I'm proud of the efforts of the Medical Society Auxiliary. With Linda Chazal as President until June, and now with Debbie Bloy's leadership, they have been very active. Recently with Jan Helligman's assistance they have started the very worthwhile program: Youth

**"DR. JOHN"  
My First Lie**

BLEARCH BLEARCH KOFF BLEARCH! I levitate out of my bed with dilated pupils and tingling fingers. Are the Arabs attacking? Did an armadillo get stuck in the sprinkler? No, it's my cat, barfing on my window sill at 3 a.m. Whew!

It's strange that a cat should be doing anything on my window sill, because I do not like cats, and for years I successfully resisted the pleas of Alice and Kathleen to have one.

You might think I have the last word in my house, but no such luck. I do have hay fever, formerly pretty bad, and to avoid an argument I just claimed to be very allergic to cats. Alice accepted that. My conscience looked the other way. Years passed.

Alice found Kathleen in her bedroom, crying, shortly before her thirteenth birthday. She wanted a cat more than anything, anything else in the whole world. Alice approached me with the problem; she told me how important it was to Kathleen (and she knew I remembered how she would have a "kitty fit" and send the kids out to borrow a neighbor's cat for the afternoon). She pointed out that my hay fever was much better after years of shots. She promised that if I had a problem with the cat, out it would go, so couldn't we just give it a try?

Now I was stuck. I knew I would have no reaction to the cat, but how would I explain it? I could invoke a miracle, which I had used to explain my last new camera. Two miracles in a year might arouse suspicion, however. Even in leap year.

Should I admit what I had done? That would tarnish the image of Mr. Truth, and might end what little influence I had at home.

With so few options, I had to 'fess up. I wasn't allergic to cats. It was a White Lie, and therefore didn't count, I explained. (A White Lie is defined as one that doesn't cause you to die or lose your home, but does me a heck of a lot of good). They were so happy with the cat that they forgave me, or maybe just forgot about it.

So that led to Squeak, and then to Ginger and then to Boots, barfing on my window sill at 3 a.m. while I remembered all this. Boots, except for hair balls, is a nice cat. She actually "likes" me, in a feline sort of way. She sits on my lap and purrs, when it suits her, and I never sneeze at all. I'm really not too keen on the barfing, if the truth be known.

Speaking of truth, I think that telling my first lie was worth it: it was hard to do, but it made the others much easier. ■

John R Agnew, M.D.



LEE COUNTY  
MEDICAL SOCIETY  
BULLETIN3805 Fowler Street  
Fort Myers, Florida 33901  
Phone (813) 936-1645

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The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society.

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## PRESIDENT'S MESSAGE

(continued from page 1)

**Support Card.** This card consists of key contact phone numbers for teens in trouble. It has been handed out to all county public high school students.One big emphasis for this year has been **community involvement.** We have set up a physicians advisory committee to the future children's museum, the **Imaginarium.** We continue to have a representative on the Southwest Florida Health Centers Capital Improvement Committee. This year Bill Evans, M.D. attended these meetings.Bob Arnall, M.D., Lee Howington, M.D., Debbie Bloy, Auxiliary President and I encouraged your community involvement through the **United Way.**At our Holiday Party we are instituting a **"Spirit of Sharing"** program. We are asking you to bring a gift to this party to benefit the charity the Auxiliary has chosen, the **SW Florida Juvenile Detention Center.**

I want to thank all of you who have volunteered your time this year. The Board of Governors, committee members, Key Contact Physicians, Mini-Internship Doctors, Editors of the Bulletin, Video Health Fair volunteers and representatives at the FMA Annual Meeting should all be applauded. Without your involvement this organization cannot continue to function effectively. I also want to thank my partners, Drs. Joe Fiore, Marvin Porter, Nancy Schleider and Stan Schwartz for their support. I especially want to thank Ann Wilke and Cindy Durance for their efforts. Only the President knows how hard our staff works for you. They give their all.

When trying to add up all the volunteers this year, it is interesting to note that almost every member has participated in an activity of the Medical Society—from monthly meetings, Video Health Fair, committee meetings to community activities.

We also must continue to respond to "Doctor Bashing" in the press in a statesman-like fashion. I made a comment in the newspaper for our citizens to consider that it may not be a bad thing to spend 11% of our gross national product on health care. Maybe we should spend more as our population grows and as social and drug problems fuel the cost. It was interesting to note that two weeks later, Dr. C. Everett Koop echoed these same words at his lecture at Mann Hall. Is it not the sign of a peaceful healthy society to spend more on health care for our citizens? Is it not what our citizens want?

Being your President was a difficult job, especially as our Medical Society continues to enlarge. I tried to do my best as your representative and spokesperson. **Thank you for your support.** ■RX From Congress - Lawmakers Write Their  
Prescription For U.S. Health ProgramsFrom The American Medical News/November 9, 1990  
by Sharon McIlrath

## HOW NEW BUDGET CUTS PHYSICIAN PAYMENTS

A new five year budget passed by Congress just before Halloween includes new treats for physicians. It would:

- Reduce payments on all claims by 2% from Nov. 1 to Dec. 31.
- Raise Medicare rates for primary care visits by 2% on Jan. 1, 1991, and eliminate Medicare's inflation adjustment for all other services. In 1992, the inflation update would be held to about 2%.
- Reduce payments on Jan. 1 to radiologists by a maximum of 9.5%, to anesthesiologists by up to 15%, and to pathologists by 7% across the board.
- Eliminate half the remaining difference

## MODIFIED PROVISIONS CUT MEDICARE'S 'HASSLE FACTORS'

Several provisions of an AMA-backed measure to reduce MD hassles with Medicare were included in the five-year budget Congress passed.

The provisions were introduced originally by Rep. J. Roy Rowland, M.D. (D. Ga.), and Sen. Max Baucus (D. Mont.). As modified before final bill passage, they would:

- Permit MDs to bill for up to 60 days of services provided to a patient under a locum tenens or a cross-coverage agreement.
- Create a 15-member Practicing Physicians Advisory Council that would meet with Medicare officials quarterly to discuss proposed changes in regulations and carrier instructions. Members must have submitted at least 250

between current and expected RBRVS prices for 36 previously identified overvalued procedures, extend the "overvalued" label to many other medical services as well, and cut these by 6.5%. All cuts are effective Jan. 1.

- Reduce payments for assistants at surgery on Jan. 1.
- Limit payments for the technical component of some diagnostic tests Jan. 1, 1991, and eliminate payment for interpretation of an EKG in conjunction with a physician visit or consultation after Jan. 1, 1992.
- Expand the current limitations on payments to new physicians.

Medicare claims in the prior year and would include both participating and non-participating physicians and both rural and urban representatives.

- Require the Dept. of Health and Human Services to conduct a six-state demonstration in which carriers would be required to publish the trigger points for their utilization review screens. An evaluation of the demonstration is due by Oct. 1, 1992.
- Mandate an additional study of the impact of permitting physicians to aggregate claims denials involving common issues and make joint appeals for reversal of the denials to the carrier involved. An evaluation of the four-carrier study is due by Dec. 31, 1992.

## OVERVALUED PROCEDURES

The 36 procedures, mostly surgical, that Congress labeled 'overvalued' and cut significantly last year will undergo additional cuts in 1991.

The procedures are:

- Breast Surgery
- Hip procedures
- Bunion correction
- Knee arthroscopic procedures
- Sinus procedures
- Larynx surgery
- Lung surgery
- Pacemaker procedures
- Replacement of aortic valve
- Coronary artery bypass
- Artery repair
- Rechanneling of artery
- Visualization of mediastinum
- Intestinal surgery
- Appendectomy
- Colonoscopy
- Gallbladder removal
- Hernia repair
- Fragmenting of kidney stone
- Prostate procedures
- Dilation and curettage
- Hysterectomy
- Vaginal hysterectomy
- Removal of spinal lamina
- Spinal disk surgery
- Revision of cranial, ulnar, median nerves
- Eye surgery
- Lens procedures
- Detached retina repair
- Treatment of retinal lesion
- Eardrum procedures
- Echo exam of abdomen
- Ophthalmoscopy
- Eye evaluation
- Cardiovascular procedures
- Heart catheterization and biopsy

## DEDUCTIBLES UP, BUT SO ARE BENEFITS

Medicare beneficiaries will face slightly higher deductibles for their medical care in 1991.

But the elderly also will receive some new benefits under the five-year budget plan passed by Congress. And their children will pick up some of the growing cost of the program through new taxes. The new law will:

- Raise the current \$75 deductible to \$100.
- Retain an expiring provision that sets premiums for medical and other Part B services at 25% of the costs of these benefits. This amounts to a \$46.20 monthly premium in 1990, compared to a \$35.40 under current law and \$54.30 under a defeated proposal put together by the White House and congressional leaders.
- Add coverage for screening mammograms.
- Raise the ceiling on income subject to the Medicare payroll tax to \$125,000.
- Set tough new federal standards for insurers selling policies to supplement Medicare.

The law also will require health maintenance organizations, home health agencies, hospitals, and other facilities to acquaint their members or patients with state laws regarding their

right to refuse treatment. These providers also must ascertain whether the member or patient has an advance directive or living will.

Providers must provide a written description of their policies involving living wills and can refuse to honor the patients' wishes if this is in concert with the written policy. Also, providers cannot make signing an advance directive a condition of admission or treatment, however.

Some versions of this provision also would have required physicians to inform patients of state laws on this subject. But that requirement ultimately was rejected.

Other provisions in the bill:

- Limit increases in lab fee schedules to 2% in 1991, '92, and '93 and cap fees in all areas at 88% of the national median.
- Expand the role of the Physician Payment Review Commission to include recommendations on how to lower the cost of health care for private insurers as well as government programs.
- Permit physicians in Oklahoma and Nebraska to move to statewide Medicare payment rates.

NEW MEMBER  
APPLICANTS

Application For Membership

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



ROSE-MARIE MONSERRATE, M.D.

Dr. Rose-Marie Monserrate was born in Elmira, New York. She received her medical degree from **The University of Connecticut** in Farmington, Connecticut. She completed her internship and residency at **Brown University/Miriam Hospital** in Providence, Rhode Island.

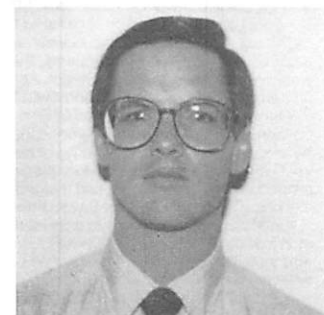
Dr. Monserrate is practicing Emergency Medicine at 636 Del Prado Boulevard at Cape Coral Hospital.



MOHAMED M. FAISAL, M.D.

Dr. Mohamed M. Faisal was born in Vengal, Kerala, India. He received his medical degree from **Medical College/Calicut University** in Calicut, Kerala, India. He completed his internship and residency at **SUNY University Hospital** in Stony Brook, New York. Dr. Faisal also attended a fellowship at the **SUNY University Hospital in Neonatal-Perinatal Medicine.**

Dr. Faisal is practicing Neonatology at 2780 Cleveland Avenue with Drs. Caan-gay, Liu and Sultan.



JOEL T. VAN SICKLER, M.D.

Dr. Joel T. Van SICKLER was born in Washington, D.C.. He received his medical degree from **West Virginia University** in Morgantown, West Virginia. He also completed his internship and residency at **West Virginia University.** Dr. Van SICKLER attended a fellowship at **The University of Florida** in Nephrology in Gainesville, Florida.

Dr. Van SICKLER is practicing Internal Medicine/Nephrology at 1380 Royal Palm Square Boulevard with Drs. Butcher, Caanhan and Delans.

## LETTER TO THE EDITOR

Dr. Robert Arnall, M.D., Sports Medicine Committee  
Lee County Medical Society

Dear Dr. Arnall,

On behalf of the School Health Advisory Committee, Lee County Public Schools, I want to thank you and all the physicians and trainers who play a vital role in protecting and enhancing the health of our school athletes. The scope of services provided and the commitment to the well being of these young people was of great interest to our committee. David Prosser did a wonderful presentation at our November 8th meeting outlining the numerous activities offered to the students. We would enjoy hearing about any enhancements added in the future.

Please share our gratitude with those individuals who established this program and who are working with the athletes. If we can be of any assistance to you, please feel free to let us know.

Sincerely,  
Jan Scharlau  
Assistant Director, Health Services  
The School District of Lee County

## WHAT'S NEW?

Current News & Happenings At Area Hospitals

### CAPE CORAL HOSPITAL

#### CAPE CORAL HOSPITAL INSTALLS AREA'S ONLY CANDELA LASER THIS WEEK

Cape Coral Hospital has added a new Candela pulsed-dye laser to its patient services. Morgan Medical Corporation of Tampa recently installed Florida's fourth Candela pulsed-dye laser at Cape Coral Hospital. The laser was in full operation the second week in November under the direction of Dr. John Pletnick, a general vascular surgeon.

The pulsed-dye laser represents the most effective technology available for treating benign vascular lesions, i.e., port wine stain birthmarks and red spider veins. Port wine stain birthmarks consist of multiple layers of unneeded blood vessels which range in appearance from pink to purple. They can appear as small red patches, or in extreme cases cover the entire body. Red spider veins are most noticeable on the face but also appear on the legs.

"Most people are not aware that this technology exists. Those who did were forced to travel as far as Duke University or Boston Mass General for the nearest treatment facility," said Mark Strong, President of Morgan Medical Corporation. "Now, this laser treatment is readily available to everyone in Southwest Florida."

Dr. Pletnick currently sees about 35 patients a day, treating the majority of varicose (blue) vein patients with sclerotherapy. This procedure involves an injection of a chemical agent to remove unsightly surface veins. Approximately half of these patients also have red spider veins which are best treated with the laser.

"Children will especially benefit through availability of the port wine stain treatment," said Laura Hoff, R.N., at the Day Surgery Center, Cape Coral Hospital. "Early treatment with the laser can prevent children with port wine stains from suffering psychological scarring (caused by others taunting and teasing)."

A new, toll-free number, 1-800-22-MORGAN is available across the U.S. for patients who want to know more about the laser.

### EAST POINTE HOSPITAL

#### WEIGHT REDUCTION PROGRAM OFFERED

East Pointe Hospital in Lehigh Acres is pleased to announce its new, six-week weight reduction program called Weight Control for Life.

The program features a safe, individually-tailored diet, exercise how-to's, delicious, low-fat cooking demonstrations, peer support, and extensive education on identifying and controlling behavior patterns that lead to overeating. The focus of the program is keeping weight off long-term.

Total cost of the six-week course is \$100. For more information, contact Kay Johnson, R.D. at 369-5483.

### LEE MEMORIAL HOSPITAL

#### COMPUTERIZED BEDSIDE CHARTING

Nurses in critical care units spend as much as 50 percent of their time on clerical tasks required to keep patient charts up-to-date and accurate.

Lee Memorial is one of the few hospitals in the nation selected by Hewlett Packard to be a pilot site for the CareVue 9000 Clinical Information System, a technological advance designed to free nurses from routine clerical tasks, allowing them to spend more time on direct patient care. With this system, charting can be done directly from any monitoring equipment and can also be keyed in manually.

Benefiting physicians as well as staff and patients, the computerized bedside charting system is user friendly and provides ready access to patient information in one location; legibility of patient information; and availability of current, accurate patient information 24 hours a day.

The system is being piloted in the Medical Intensive Care Unit with expectations to expand capabilities to the other Intensive Care Units in the hospital.

#### REHABILITATION CENTER ACCREDITED

In its third year of operation, Lee Memorial Hospital's Rehabilitation Center has received a one-year accreditation by the Commission on Accreditation of Rehabilitation facilities.

The comprehensive 40-bed inpatient Rehab Center is hospital based and cares for patients with head injury, spinal cord injury, stroke, and orthopedic problems and amputees. The newest service is the Adaptive Drivers Training Program for the physically impaired. Referral can be made by a private physician. Call 336-6926 for more information.

### SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

#### SWFRMC'S PRESIDENT ELECTED TO THE FLORIDA HOSPITAL ASSOCIATION BOARD OF TRUSTEES

Herbert F. Dorsett, President of Southwest Florida Regional Medical Center, has been elected to the Florida Hospital Association Board of Trustees. Dorsett will serve a two-year term of office, 1991-93 and was President of the organization from 1985-86.

#### KUDOS FROM THE AMERICAN CANCER SOCIETY

The American Cancer Society (ACS) presented Southwest Florida Regional Medical Center with a plaque and ribbon in honor of the hospital becoming a totally smoke-free facility. Smoking by patients, staff, visitors and physicians will not be allowed anywhere inside the facility and only in designated areas (outside courtyards). Smoking cessation classes are offered to those wishing to kick the habit. For information, call Wayne Levy at 939-8517 or Don Finney at 939-8407.

#### SWFRMC PERFORMS REGION'S FIRST KIDNEY TRANSPLANT

On October 16th, Southwest Florida Regional Medical Center performed the region's first kidney transplant. Gordon Burch, M.D., transplant surgeon, performed the procedure in a little over two hours. The patient, Wayne Jensen, a 48-year-old high school teacher, was released seven days after surgery and is doing well.

Joel Van Sicker, M.D., transplant Nephrologist, manages transplant patients' medical care after surgery. Kelli Chandler, R.N., B.S.N., Transplant Coordinator, brings patients up to the point of transplant, working directly with LifeLink, the tissue procurement agency.

As of November 8th, Southwest Florida Regional Medical Center has performed two transplants, with ten people on the computer list waiting for matches. The Transplant Unit serves a five-county area, including Lee, Charlotte, Glades, Hendry and Collier. It is the sixth unit in the State, with others located in Tampa, Miami, Orlando, Jacksonville and Gainesville.

### GULF COAST HOSPITAL

#### NEW BAMHI HOSPITAL OPENS IN DECEMBER

Gulf Coast Hospital, located at the corner of Daniels Road and Metro Parkway is nearing completion, and is expected to open in mid December. The 120-bed medical/surgical facility is owned and operated by Basic American Medical Incorporated.

The three story facility will encompass 115,000 square feet and contain 109 medical/surgical beds and 11 intensive care beds. Gulf Coast Hospital will provide a 24-hour, fully staffed Emergency Center and a variety of services, including radiology, mobile magnetic resonance imaging, outpatient surgery, endoscopy, and other ancillary services.

The medical staff will include M.D.s and D.O.s. The hospital will have the distinction of being the only facility in Southwest Florida with dual accreditation from the American Osteopathic Association and the Joint Commission of Accreditation of Health Care Organization. In addition, Gulf Coast Hospital will be working toward the development of being the only teaching hospital in Southwest Florida with future plans for internship and residency programs.

Denny Powell, President, comes to Ft. Myers from Kissimmee Memorial Hospital where he served as President from 1984 to 1990. Prior to joining Kissimmee Memorial, Powell was Vice President of Medical Services at Southwest Florida Regional Medical Center.

The Board of Trustees for Gulf Coast Hospital are: William Hussey, Chairman; James Taylor, D.O., Vice Chairman; Denny Powell, Secretary/Treasurer; Nicholas Centafant, D.O., member; Edward Dupuy, D.O., member; Thomas Edelman, D.O., member; Steven Levine, M.D., member; Nick Marino, D.O., member; Robert Sonn, D.O., member; and Stephen Zellner, M.D., member.

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## POLICY IN PRACTICE PARAMETERS

by the AMA Office of Quality Assurance

The following is a summary of AMA policy as it relates to practice parameters.

Practice parameters are strategies for patient management, developed to assist physicians in clinical decision-making. Practice parameters may outline a range of appropriate tests and procedures for management of a given clinical condition or may identify a range of clinical conditions for which a given procedure or treatment may be appropriate. It remains the physician's responsibility to choose the most appropriate clinical management strategy for the individual patient.

**Development of Practice Parameters**

The AMA believes that practice parameters should be developed by physician organizations primarily for use by physicians in their day-to-day practice of medicine. They should be based upon sound research findings and the experience of physicians practicing in relevant clinical areas, and on reliable methodologies that are explicitly stated. Practice parameters should be based upon consideration of the clinical condition of individual patients, with regard to quality rather than cost considerations.

Parameters should be accompanied by adequate explanation of their appropriate use and sufficient disclaimers to prevent inappropriate use. Parameters should be made widely available to physicians in a practical and useful format. The AMA encourages the evaluation of existing parameters and the development of new parameters in clinical areas not yet addressed.

The AMA supports involving physician groups representing all appropriate specialties and practice settings in developing and evaluating practice parameters, particularly those which cross lines of disciplines or specialties.

**Limitations on the Use of Practice Parameters**

The AMA believes that variations from parameters are not, except in very limited circumstances, absolute indications of quality or medical necessity problems. Rather, variations from parameters usually signal the need for further peer-to-peer review regarding quality or payment issues.

**Implementation of Practice Parameters**

The AMA supports a cooperative process, with active involvement of physician organizations, to develop parameters and to aid in their dissemination and implementation. In addition, parameters should provide a foundation for developing, updating or reviewing quality assurance programs, utilization review systems and coverage policies.

**Looking to the Future**

The AMA will involve, to the greatest degree possible, those organizations that participate in the Practice Parameters Partnership and Forum. An increasingly coordinated effort by organized medicine will facilitate a leadership role in the development, dissemination and implementation of parameters, and their appropriate use in clinical practice by physicians. The development and implementation of practice parameters will involve advocating AMA policy to appropriate private and governmental bodies, including the Agency for Health Care Policy and Research.

## CLASSIFIED ADS

Classified Ads are only for Physician Members of the Society's use.

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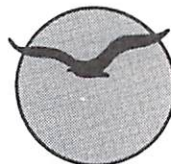
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