

HIGHLIGHTS OF THE NEW WORKERS' COMPENSATION LAW June 26, 1990

Effective July 1, 1990, the Legislature made changes to the Workers' Compensation Law in response to a report which indicated many inequities in the system, both to employers and employees.

The changes to the law are numerous and very detailed, and all the facts regarding implementation and compliance are not yet available. The purpose of this bulletin is to communicate what we do know at this point in time and how you may be affected.

Changes That Affect All Businesses:

1. There will be a 25% reduction of the January 1, 1990 rates effective September 1, 1990. This applies to all new and existing policies.
2. All deviations and discounts will be discontinued as of September 1, 1990.
3. All employers with four or more employees, **EXCEPT** those in the construction industry, must obtain Workers' Compensation coverage. Workers' Compensation is mandatory for all employers in the construction industry. This includes sole proprietors and partners working alone, even if they have no employees of their own. If an employer with less than four employees elects not to carry Workers' Compensation, the employer must file annually, an affidavit with the Division of Workers' Compensation, Department of Labor and Employment Security, stating that fact and must notify his employees that they do not have Workers' Compensation benefits.
5. Provision has been made to write Workers' Compensation with deductibles of \$500, \$1,000, \$1,500, \$2,000 or \$2,500. The rule for 80%/20% coinsurance will continue to apply, and it appears that it might be possible for both a deductible and coinsurance clause to apply.
6. The Department of Insurance is to develop an application for Workers' Compensation to include the names of employees. Any person who submits false payroll or classification information on the application will be guilty of a third degree felony.
7. Minimum rules will be established for audits and audit procedures.
8. Insurers will be required, upon request, to provide installment payments for premiums in excess of \$1,000.
9. Employers who fail to secure Workers' Compensation coverage will be fined \$500, with additional penalties of \$100 per day for each day before coverage is obtained.

(Continued on page 2)

PRESIDENT'S MESSAGE



KIM L. SPEAR, M.D.

"PRIZED POSSESSIONS"

I bought this wonderful headdress in Colorado on a ski trip with the guys. Well, I thought it was wonderful. When I got home I put it on and showed Jayne. I said, "Jayne won't this look great in our house somewhere?" A look of surprise came on her face and then with diplomacy she said, "You know Kim this will look great in your office."

How many of you have bought what you thought was a prized possession, but it was later relegated to the attic or the office? How about that fish you had mounted? Or the beer can lamp from college days. I don't know about your office, but my office is filled with things that my wife would not **ever** have in her house. I have a 1930 school house picture of George Washington, a Hagen-Bacon-Sweeney golf trophy, a picture of the Mayo brothers, an aborigine hand carved bird, and my prized **Indian Headdress**.

We all have certain things which are our prized possessions, but what **really** are the prized possessions that people seek? It is not money or things. Money or possessions do not bring happiness. The basics, which we all desire out of life, are not affected by money. These are your personal happiness, your health, your relationship with your family, spouse, children, and your happiness at work. These things are truly the prizes possessions that we really seek.

I was pleased, when Barbara Bush, in her address to the graduates of Wellesley said, "At the end of your life, you will never regret not having passed one more test, winning one more verdict, or not closing one more deal. You will regret time not spent with a husband, a child, a friend or a parent." ■

"DR. JOHN"

Monuments

When I was about nine years old, I was jumping on my bed and did a horizontal flop, realizing as I fell that my head would hit the tile window sill and I would be killed. My occiput hit the tile with a terrible whack, broke it, and I didn't even get a scratch. This was my first encounter with a miracle, and I knew I had been saved for a purpose. After that I worked hard and did my best, always remembering this as a pivotal point in my life.

For years I wondered if that cracked tile was still there (I fixed it with model airplane glue, and it still looked good when we moved from the house six years later). As I grew older I had fantasies about returning to that house, introducing myself to the humble occupants, and showing them the cracked tile that led me to become the rich and famous person I am today. They would stop sweeping the yard with homemade brooms and call the neighbors, who would also be humble and equally awed. Sometimes in my fantasy I would press coins into their grubby palms, but that is probably too much. In other versions I would smile benevolently and perform some sort of non-sectarian blessing with my patrician hand, hardly wrinkling my Armani suit.

Recently, I returned to Miami for a Risk Reduction Seminar, and drove around my old haunts while waiting for lunchtime. I found our ancestral home, a CBS 2/1 on a 50 x 100 lot. A lady was unloading her car in the driveway, a better car than mine, but I thought she looked pretty humble. So, I introduced myself, not mentioning the rich and famous part, and after some discussion she offered to take me inside. Neighbors weren't running towards us, and the background music of my fantasies was strangely silent.

Little had changed except the new windows in my room. The tile was gone. My fantasy was rapidly evaporating and I was starting to feel a bit foolish. Then I looked outside and saw The Clothesline.

My father always overdid everything, good, bad or indifferent. He took eight-hour naps. He played poker for twelve hours at a stretch. He loved extravagantly and hated excessively. When he put up a clothesline, it was a project.

He dug two holes adequate to bury a cow, poured in twenty cubic yards of cement, installed welded pipe with spirit levels attached all around, then strung wires between turnbuckles and matched their tension with a tuning fork—your basic clothesline.

Forty-five years later, that clothesline still stands. It's a little rusty on one end, even with the five coats of Rust-Oleum, but it still stands. Daddy's pyramid. My monument, a cracked tile, had been pitched.

I told the lady my story, and if she guessed I was rich and famous, she didn't let on. ■

John R. Agnew

PHYSICIANS' PERSONALITIES

Merlin G. Anderson, M.D.
Editor, HCMS Bulletin

Are there differences in the personalities of Physicians and Surgeons? Certainly we see different individuals behaving differently and responding differently!

Do differences in personality influence interpersonal relationships? Certainly they can make the difference - between doing it well and hardly making it!

TYPE A

The description of a Type A personality was originally an appraisal of men more likely to have hypertension and heart attacks. Its ranks were filled by those businessmen who seemed driven and demanding; they were also quite unlikely to relax very long or very often. The Type A person is generally considered to exhibit aggressive behaviors and likely to be assertive.

TYPE B

A Type B person on the other hand was one who seemed least likely to develop heart problems; he or she was characterized as easy-going and more than likely to be thoughtful of others. In general, the Type B individual was thought to be passive, and laid back. Of course, from a psychosocial standpoint we realize that Type A and Type B people represent two extremes of the pendulum swing. And not only are there all variations in-between, but there are also passive aggressives.

TYPE C

Recently the Type C personality has been described in which the individual is particularly good at problem solving. The most important quality for successful performance is a creative view of circumstances.

In addition, these people are able to communicate well at multiple levels, and they are capable negotiators. They use their creative abilities to bring about change, coming up with compromises which the parties can live with.

While some individuals are particularly good as problem solvers, it is a capacity which can be developed. The character strengths may be present to some degree but the abilities can be learned and may improve with use.

TYPE D

The Type D personality is a developer. This person is determined to develop an idea or a project. As a developer he or she builds a concept or an environment, and works to achieve or reach a specific entity or specified goal. The person with Type D personality is often driven to develop their dreams and thus find fulfillment.

TYPE E

A Type E personality is an educator and as such must wisely mix elements from Types A, B, C, & D personalities!

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LEE COUNTY
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PHYSICIANS' PERSONALITIES

Continued from page 1

Some of these characteristics may come naturally, others need to be nurtured; some may be needed on demand one at a time, others in correct combinations.

To be an educator is not easy, and if done well, it requires continuing effort. It has been said that every physician is an educator...or should be! Does not our profession require of us that we should educate our patients and our communities?

YOUR TYPE

Have you thought about your present personality? How does it affect your patient relationships? Is it at all indifferent or even dysfunctional at times?

Education is not limited to books and blackboards, nor to colleges and computers. Alternative behaviors can be learned, so why not invest in your personality! ■

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HIGHLIGHTS WORKERS' COMP.

Continued from page 1

- Insurance agents may lose their licenses for submitting false payroll or classification information on an application.
- Each employer must submit a copy of the quarterly unemployment earning reports to the carrier and to the Division which will list all employees and their rates of pay.
- If an employee is injured and is not listed on the quarterly report, the employer shall pay back to the carrier all benefits paid; the only exception is if the employer can prove the worker was hired after the last quarterly report was filed.
- If an employer intentionally understates payroll, a 12% additional penalty will be applied. ■

REPORT OF THE AMA COUNCIL
ON ETHICAL AND JUDICIAL AFFAIRS

Fundamental Elements of the Patient-Physician Relationship
Adopted, AMA House of Delegates, Annual Meeting
June 23-28, 1990

From ancient times, physicians have recognized that the health and well-being of patients depends upon a collaborative effort between physician and patient. Patients share with physicians the responsibility for their own health care. The patient-physician relationship is of greatest benefit to patients when they bring medical problems to the attention of the physicians in a timely fashion, provide information about their medical condition to the best of their ability, and work with their physicians in a mutually respectful alliance. Physicians can best contribute to this alliance by serving as their patients' advocate and by fostering these rights:

- The patient has the right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their physicians as to the optimal course of action. Patients are also entitled to obtain copies of summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interests that their physicians might have, and to receive independent professional opinions.
- The patient has the right to make decisions regarding the health care that is recommended by his or her physician. Accordingly, patients may accept or refuse any recommended medical treatment.
- The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs.
- The patient has the right to confidentiality. The physician should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.
- The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of care with other health care providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements for care.
- The patient should have the right to essential health care, and physicians, along with the rest of society, should continue to work toward this goal. Fulfillment of this right is dependent on society providing resources so that no patient is deprived of necessary care because of an inability to pay for the care. Physicians should continue their traditional assumption of a part of the responsibility for the medical care of those who cannot afford essential health care. ■

FMA SCORES BIG
THIS LEGISLATIVE
SESSION

At the adjournment of the 1990 Legislative Session late last week, the FMA had achieved success on a number of key bills.

Approved were the Indigent Care Funding Bill, HB 1209, which provides money to the Public Medical Assistance Trust Fund, and the Trauma Center Funding Bill, HB 619, providing about \$20 million to bolster current trauma centers and expand the system.

The AIDS Testing Bill, HB 1023 was passed, allowing testing without informed consent when a physician, health care worker, fireman, policeman, or rescue worker is accidentally exposed to the HIV virus through a needle stick or other means.

The Association was able to kill Mandatory Assignment bills, HB 415 and SB 1486 and had physicians removed from a bill extending the statute of limitations for juveniles.

On another front, the FMA helped defeat the proposed PIP fee schedule and had the most onerous provisions of the Workers' Compensation Bill, CS/SB 2492, removed.

The FMA was also successful in eliminating a proposed reduced fee schedule that would have cut physicians' fees 30% to 40% below current charges except in Dade and Broward counties. ■

GOVERNOR VETOS
AMENDMENT BILL

Early this week, Governor Bob Martinez vetoed SB 870, a bill which would have restricted the rights of the citizens of the state of Florida to amend the constitution through the petition process.

FMA officials called on physicians around the state in the March 31 issue of ET to write to Governor Martinez and urge the veto of this bad bill, which would have imposed unreasonable and unnecessary burdens on citizens attempting to petition their government by initiative. Additionally, throughout the Session the FMA vigorously opposed this legislation. ■

1990 MEDIA &
MEDICINE
CONFERENCE

Jacksonville — Washington Post chief science and medical writer Victor Cohn will highlight the Florida Medical Association's 2nd annual "Media & Medical Conference" October 25-26 at the Orlando Omni International Hotel.

Journalists, legislators, physicians, and other recognized experts on a variety of key health-related issues will conduct panel discussions prior to Mr. Cohn's luncheon address.

Detailed registration information for this important event will be forwarded in August. The registration fee for the conference is \$50 for active journalists and others (\$25 for students).

For additional information at this time please contact the Florida Medical Association Communications Division at 1-800-940-9451. ■

ERRATUM

In the last issue of the BULLETIN, President's Message, under the Medicare Rules Aptitude Test please note that for Medicaid patients who qualify for Medicare, beginning April 1, 1990, you are required to accept Assignment on them. The word "Medicaid" was wrongly omitted from this sentence. ■

AMA

Moves Headquarters

Effective August 27, 1990, the AMA will move to: 515 North State Street, Chicago, IL 60610. The general office phone number becomes (312) 464-5000. Please make note of these changes. ■

FMA

Annual Meeting

September 12-16, 1990

Fountainbleau Hotel
MiamiRESULTS FROM
ADVERTISING
SURVEY

Sue Layton, M.A.

Local study shows doctors support
some types of advertising

Earlier this year, Lee County physicians participated in an academic study entitled "The effects of hospital advertising on the practicing physician." Drawing from experimental findings which show physicians in general to be opposed to medical advertising, the study predicted that physicians practicing in a multi-hospital area such as Lee County (with five hospitals) would be less opposed to advertising, and more likely to engage in it, than physicians in a single-hospital area such as Collier County.

The basic hypotheses were not supported. Physicians in the two counties demonstrated similar attitudes toward advertising, both by hospitals and by physicians, and a similar adoption of advertising by their practices. Apparently, exposure to advertising does not have an effect on attitudes.

Type of advertising did make a difference, it was found. Physicians in both counties were significantly more favorable toward hospital advertising for educational or informational purposes than for promoting services or enhancing image. Overall, physicians were more favorable toward hospital advertising than predicted, showing some support for all three types.

One factor exerting a significant influence was physician age. As predicted, physicians aged under 45 were more favorable toward advertising, and more likely to engage in it, than those over age 45.

Interest in the study was high, with an overall response rate of 45.3 percent, leading to findings at or above the 95 percent confidence level. Possibly, the best strategy for hospitals is to work with physicians to create advertising of an informational nature. Many physicians, indeed, showed a willingness to be involved in the planning of hospital advertising.

Thank you to the many LCMS members who took the time to respond to the survey. Completing the study was the last step in requirements for a master's degree in communication, and this was officially awarded in May.

Editor's Note: An executive summary of the study, with more complete information, is available upon request through the Lee County Medical Society office. ■

PHYSICIANS IN
THE NEWS

CONGRATULATIONS!!!

(Please send your newsworthy items to the Medical Society Office)

On April 16, 1990, three Lee County physicians ran 26.2 miles in the Boston Marathon. Congratulations to Peter Biltzer, M.D.; Richard Wingert, M.D.; and Edward Drass, M.D. for completing the run.

• • •

Sigmund Greenburg, M.D., will be President-Elect of the Florida Endocrine Society in 1991. This is an FMA recognized Specialty Society. Dr. Greenburg is one of our dedicated physicians at the VA Clinic.

• • •

F. Richard Kirley, M.D. was elected Medical Staff President of Cape Coral Hospital for 1990-1991. We wish him well in meeting the challenges in the coming year. ■

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

ANOTHER FIRST AT SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

Drs. Jeffrey Lewis and Abraham Sadighi were the first surgeons in the area to perform laparoscopic cholecystectomies at Southwest Florida Regional Medical Center. Laparoscopic cholecystectomy is the latest procedure for gallbladder removal. Because a large abdominal incision is unnecessary, the patient can return to normal activity in a few days. Nearly 50 percent of all patients needing gallbladder surgery will be eligible for this type of procedure while others may still require the standard gallbladder removal.

CONFERENCE ON SPINAL CORD INJURY

The Neurological Institute at Southwest Florida Regional Medical Center will be sponsoring a conference on spinal cord injury on Saturday, August 25th.

The conference, which offers seven hours of CEU credit, will host three speakers discussing various topics. Vidya P. Kini, M.D. will talk about rehabilitation of spinal cord injuries. George W. Sybert, M.D. will discuss neurosurgery of spinal cord injury, and Mariah Snyder, R.N., Ph.D. will talk about the nursing of spinal cord injuries and pathophysiology.

The seminar has a \$25 registration fee before August 15 and a \$40 registration fee after that date. For more information, call the Neurological Institute at 939-8550 or toll free 1-800-874-7502. ■

LEE MEMORIAL HOSPITAL

DEVELOPMENT COUNCIL FORMED AT LEE MEMORIAL HOSPITAL

The goal of the Development Council at Lee Memorial Hospital is to lay out a long-range strategy to help people direct planned philanthropic gifts to Lee Memorial. Hospital Board Chairman, Lois Barrett, and Development Director, Pat Adrain, brought the group of community and business leaders together because of their particular interest and involvement in the community. Donald E. Gerson, M.D., President-Elect of the Lee Memorial Hospital Medical Staff, is a member of the Development Council, along with John Beckett, Chairman of the Healthcare Resources Board of Directors, and Bob Hazzard, President of the Lee Memorial Hospital Auxiliary.

"People have always given to Lee Memorial Hospital," Pat explains. "Through the Development Council, we hope to help people with these planned gifts by providing vehicles, such as endowments, trusts, membership programs, and directing special projects for specific programs. The members of the council, because of their expertise in financial planning and development, will set goals for the giving program and keep us on track."

Besides helping with planned gifts, the Development Council will bring the message of the hospital's Development Program into the public. Council members will help identify opportunities for projects that will have maximum benefit for the hospital.

Other members of the Council include: Al Winchell, Dan Gower, Kimberly Probe, Frank Durand, Bruce Green, Phil Schlichting, Stephen Edwards, John Fassett, Chris Gair, Jane Goble, Eric Hynden, Sherry Hynden, Neal Patterson, Jr., Ann Smoot, and James Witte.

For more information, please contact Pat Adrain, 334-5906.

EDUCATIONAL GRANTS SEEK TO TRAIN HEALTHCARE PROFESSIONALS

Lee Memorial Hospital recently announced The Eloise M. Carlson Educational Grants Program, initially funded by the Eloise M. Carlson Fund, an endowment trust, in order to assist more students in entering healthcare careers and provide the hospital with much needed healthcare professionals. The hospital will award conditional grants for tuition assistance, books, and stipends to students in exchange for a commitment to work at Lee Memorial at the completion of their course of study.

The Eloise M. Carlson Fund was established by the Lee Memorial Hospital Board of Directors in memory of Eloise M. Carlson, past Board Chairman of Lee Memorial Hospital and a Lee Healthcare Resources Board Member. The Lee Memorial Hospital Board designated \$350,000 to get the program going. This was immediately supported by the Lee Memorial Hospital Auxiliary through a \$80,000 contribution, as well as many donations from family and friends of Ms. Carlson. Clubs, businesses, industries, estate donations, the Medical Staff, employees and private donors may also donate to the Eloise M. Carlson Fund or establish a specific fund. Interest income from these funds will be used for educational grants.

Applicants for the educational grants must be attending or accepted by the school and program of the approved healthcare curriculum. Grants will be awarded based on financial need and academic excellence. Students wishing to enter especially hard-to-fill positions, such as registered nurses, medical technologists, pharmacists, physical and occupational therapists, will be the top priority for the grants.

For more information on the Eloise M. Carlson Educational Grants Program, please contact Joyce Puhalla, Director Educational Services, Lee Memorial Hospital, 334-5275. ■

HENRY FANCY, M.D. HONORED BY HRS

The Florida Department of Health and Rehabilitative Services (HRS) District Sustained Superior Achievement Award has been presented to Dr. Henry Fancy, Medical Director of the HRS Lee County Public Health Unit.

Dr. Fancy has devoted 19 years to ensuring the health and well-being of the citizens of Lee County in his role as Medical Director. He also provides medical care for inmates of the Lee

County Jail and is the Medical Director for the Southwest Florida Juvenile Detention Center. Dr. Fancy instituted daily clinics at the jail long before this function was mandated by the state to all HRS county public health units.

With the receipt of this award Dr. Fancy becomes eligible to earn the State Sustained Superior Achievement Award. ■

NICA LAWSUIT

On June 25, 1990, the First District Court of Appeals unanimously affirmed the trial court's final judgment upholding the \$250 assessment provision of the NICA law. The appellate court found that there was "ample factual basis for the trial court's holding" which had found that the Florida Legislature enacted the NICA law, including the \$250 assessment, in response to a medical malpractice crisis which had engulfed the state, severely disrupted the delivery of health care services, and adversely affected all Florida physicians. The appellate court further agreed with the lower court's finding that evidence was presented that health

care services are delivered by a team of providers, all of whom interact and depend upon one another, and a breakdown in one area of service impacts the other areas. Accordingly, the court rejected the physician arguments based upon due process and equal protection provisions of the constitution.

At this point, FMA is considering its options, which realistically are to move for a rehearing or file petition for certiorari with the Florida Supreme Court. We will likely file a motion for rehearing and request that the District Court of Appeal certify the case to the Florida Supreme Court on the basis that it is of great public importance. We will keep you advised of further developments as they are available. ■

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FMA CORNER

Member Benefits - Dept of Medical Economics

Medical economics is one of the most active areas of health care delivery today. Indeed, these issues place heavy demands on Florida physicians which, in turn, permeates nearly every aspect of health care delivery, either directly or indirectly. We will use this column each month to address the ways the FMA works for its membership.

Relative Value Studies

The emergence of the resource based relative value scale has led to considerable concern among physicians. The FMA Committee on Relative Value Studies has and will continue to monitor its development and implementation. As a result of its efforts, several flaws in the methodology used to account for geographic variations of practice costs have been identified. The FMA is pursuing the corrections of these flaws.

Additionally, the FMA publishes its own fee-based relative value study. Fee submittals from the entire state are compiled into relative values. A relative value is published for each CPT code which has sufficient supporting data. The FMA published its first relative value guide in 1982 and has issued new editions to stay abreast of changes in procedure terminology. The 1989 Florida Relative Value Studies is available free to FMA members and is sold to non-members on a national basis.

Peer Review Organizations

The Committee on Peer Review Organizations evaluates the performance of Florida's PRO through monitoring rejections and sanctions. The evaluation and impact of these PRO actions on the physicians office is one of the major goals of this committee. Quality issues are addressed directly to representatives of the PRO that are invited to and regularly attend committee meetings. The availability of these individuals enables the Committee to obtain the PRO's perspective behind its action. In the event the Committee does not agree with the PRO's action, reconsideration by the PRO is requested and acted upon.

All PRO Bulletins involving proposed changes in policy are reviewed in detail to determine the effort on the physician community. Any concerns involving these bulletins are directed to the PRO for their consideration and response.

Government Programs

The Committee on Government Programs monitors all government entities, such as Medicare and Medicaid, whose policies influence the health care community. The evaluation and action regarding emerging issues relating to government programs are a very important function of this committee.

Proposed government programs and changes to existing programs are evaluated on an ongoing basis. This Committee develops and maintains liaison with individuals in government that effect changes that impact the physician community. ■

BETWEEN THE COVERS

Narges Ahmadi, Assistant Librarian

NEW MATERIALS IN THE THOMAS R. CONNELLY MEDICAL LIBRARY

BOOKS:

Ethical Analysis of Clinical Medicine, by G. Graber, et al.

Drugs of Choice: The Medical Letter on Drugs and Therapeutics, 1989

Love is Letting Go of Fear, by G. Jampolsky

The All American Cocaine Story, by D. Britt

Minding the Body, Minding the Mind, by J. Borysenko

The Dance of Anger, by H. Goldhor Lerner

AIDS: A Guide for Survival

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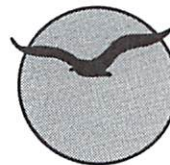
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