

## MAY MEDICAL SOCIETY MEETING

The upcoming May meeting will focus on a topic of concern to all of us, that is, hurricane preparedness. We have not had a major hurricane in this area for approximately thirty years, but with the devastating effects of Hurricane Hugo last fall in the Charleston area, this remains a significant concern for all of us in the Southwest Florida area.

We have a panel of experts who will discuss this with us, including **Dr. Richard Ulmer, the Past President of the Charleston County Medical Society in Charleston, South Carolina**, who is directly and actively involved in the relief efforts in that area in the wake of Hurricane Hugo. In addition, **Dr. Jerry Jarrell from the National Hurricane Center** will be participating and will give us his insights into this issue, along with **Lee County Emergency Operations Coordinator, John Wilson**.

We hope that all of you will be able to attend this exciting meeting.

Dr. William Evans, Program Chairman

## MEDICAL SOCIETY MEETING

**Royal Palm  
Yacht Club**

**Cocktails 6:30  
Dinner 7:00 P.M.**

**MAY 21, 1990**

### SPEAKERS:

**Richard Ulmer, M.D.  
Charleston, SC**

**Dr. Jerry Jarrell  
National Hurricane Center**

**John Wilson  
Lee Co. Emer. Oper.**

### TOPIC:

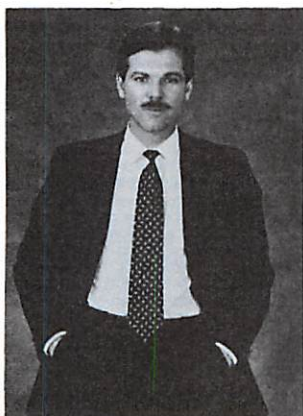
**"Hurricane Preparedness"**

**"DINNER BY  
RESERVATIONS ONLY"**

**PLEASE!!!**

L.C.M.S. Members: All reservations must be made by Friday noon before the Meeting on Monday. Cancellations should be no later than noon on Monday. The Society must pay for all reservations made.

## PRESIDENT'S MESSAGE



**KIM L. SPEAR, M.D.**

### "ON RELATIVE VALUE"

I recently attended my wife's parents 50th Anniversary in LaCrosse, Wisconsin. While there, I was speaking to my father-in-law about relative costs of 1940 and today 1990. We were looking through a 1940 Look Magazine and the advertisements were very interesting. A new Oldsmobile car was \$1,200. At that time, my father-in-law's salary was \$1,200 per year. Therefore, he could buy a new car with one year's salary. At that time, he could also buy a comfortable home for approximately 3 year's salary or \$3,400. An Office visit to a doctor in 1940 was approximately \$4 to \$5. His 1940 salary of \$1,200 computed to 60¢ per hour and therefore a visit to the doctor was one day's salary.

Let's compare to today. The reported average salary in America is \$26,000, (1), or \$13 per hour. An average person can still buy a new car with one year's salary of \$26,000 or buy a comfortable home with 3 year's salary of \$78,000. Things are surprisingly similar to 1940 if it still costs one day's salary to visit the doctor, as it did in 1940, an office visit today would cost \$104. The average first visit to a general practitioner, South Atlantic Region is quoted as \$58.29, (1).

This is another way to look at the relative value and prices of things. Although technology and hospitalization may be very expensive, an office

Continued on page 2

**MAY IS OUR  
LAST GENERAL  
MEMBERSHIP MEETING  
UNTIL SEPTEMBER**

## "DR. JOHN" Shoppers R Us

You know how some people love to shop and buy things? Well, I'm not one of them. There is only so much trauma a gentle soul can handle.

For one thing, my face looks like it has been waited on, so clerks tend to ignore me. Even worse, despite being the very soul of honesty, I seem to generate suspicion. This is not a new problem.

When I was in high school, my mother fixed it so I could charge at Burdine's, but every time I tried they would haul me away to an office and interrogate me. I'm a shy person at best and after a couple of those sessions I decided I didn't need anything at Burdine's.

I find shopping for clothes particularly distasteful, and I'm not interested in clothes anyway. Looking for shoes is the worst of all, as my feet don't match and finding comfortable shoes is a chore. When Alice threatens to burn my shabby wardrobe there is no choice but to suck it up and head for the mall, which brings us to the story.

I went to a self-service shoe store because I don't know what I want and I don't want to ask a clerk to bring some shoes to try on; they always tie the laces too tight so I hump up my foot and that causes a cramp and they still get the laces too tight anyway, which is why I wear these Reeboks instead of real shoes.

You seldom see the best people in these places. And that includes the owner.

I got in line at the register, with people who might just as well have been in a police lineup. I handed the man my MasterCard, he ran it through the machine and said the dreaded words: "Your card's no good."

Dammit, dammit, oh crap. We pay all our bills every month, and every time I try to use this card some mistake has been made and I am humiliated. I learned later that MasterCard had recorded the same expensive purchase twice, on the same day, exceeding the credit line. I always buy two cameras at a time.

At that moment, all I knew was that the other felons were all looking at me. "What will Willie Sutton do now?" I could hear them thinking.

"Will you take a check?"

"Is it any good?"

This made me madder than I was before, but I bit my tongue; in my day-off clothes I didn't look any more trustworthy than those other people, and one way or another I had to get some shoes.

I gave him five kinds of ID and was surprised he didn't ask my probation officer's name. I was quietly grateful he didn't look at all this stuff and say, "A doctor, huh — what's the matter, things not going too well?"

After this episode Alice fixed it with

(Continued on page 2)

## ANNUAL VISIT TO WASHINGTON

It was my pleasure to accompany the FMA delegation to their annual visit with the Florida Congressional members in Washington, March 21-23. Our task was to inform our Congressmen and Senators with our concerns on Washington medical legislation. Topics discussed with both Congressman



Pictured (L to R): Rep. Porter Goss, Key Contact Physician Cecil C. Beehler, M.D., and Senator Connie Mack

Goss and Senator Connie Mack included the administration proposed Medicare budget cuts, the realities of the Canadian Health Care System and the Physicians Regulatory Relief Bill (HR 4475).

Our Washington Congressional Delegation was very receptive to our concerns and assured us that they will receive every consideration.

Cecil C. Beehler, M.D.  
National Key Contact Physician  
LCMS and FMA

## DOCTOR OF THE DAY TO THE LEGISLATURE

by Edwardo Williams, M.D.

Being a native of Tallahassee, I grew up around State Government and have always been impressed with the democratic process. Therefore, when given the opportunity to participate in the Doctor of the Day Program last year, I jumped at the chance. I again participated this year.

As Doctor of the Day, your primary responsibility is to provide medical coverage for the clinic located in the capital. You are responsible for all the employees, guests, aides, legislators and other government officials that may require medical attention. The clinic is staffed by nurses and a receptionist that have been there for years. They will guide you as to available services and customary protocol. Actually, most of the things that you treat are minor. This is good because it gives you the opportunity to participate in other activities while "Doctor of the Day".

(Continued on page 2)



LEE COUNTY  
MEDICAL SOCIETY  
BULLETIN

3805 Fowler Street  
Fort Myers, Florida 33901  
Phone (813) 936-1645

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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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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PHYSICIANS IN  
THE NEWS

## CONGRATULATIONS!!!

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

Stephen R. Zellner, M.D. has been nominated to the Board of Overseers for the University of Florida Health Science Center. This is a group of individuals whose purpose is to help with the advancement of the institution. ■

PUBLIC RELATIONS  
PROBLEMS  
BOOK AVAILABLE

Mr. Jack Carver, Jr. of Associates in Professional Marketing, Inc. has given the Society "An Analysis of Medical Public Relations Problems and Recommended Solutions." If you have an interest in borrowing the book, it is available from our office. ■

SENIOR  
COURTESY CARD

If there are members who have not signed up to participate in this program, please contact our office.

With the help of volunteers, we have sent out over 2,000 applications. As of this date we have processed and given to recipients 218 cards.

This program has been well received by the public and many feel the Medical Society is concerned about their health care.

Thanks to the physicians and their staffs for helping us with the program. ■

## PRESIDENT'S MESSAGE

(continued from page 1)

visit to the doctor is still a relatively good value in 1990 compared to 1940. (1) Re: USA TODAY January 19, 1990.

A NIGHTMARE OF  
PAPERWORK DOCUMENTATION  
AND REGULATION

The following is a test of your Medicare Rules Aptitude:

They, (I don't know who they are) are continuing to weave a spider web of paperwork. This past year I have spent more time trying to understand Medicare's rules and regulations, to run our practice, that I have in continuing medical education. This is not good. Others of you have noticed this trend too.

1. **Did you know?** Beginning September 1, 1990, both participating and non-participating physicians will be required to submit all claims both assigned and unassigned.
2. **Did you know?** If you cross cover with another doctor on the weekend and he or she is not your partner in a corporation, you have to bill their patients and they have to bill your patients for cross coverage work. It is not enough to say "it comes out in the wash". Exercise caution when billing for services you did not personally provide or perform.
3. **Did you know?** Beginning April 1st, 1990, that for Medicare patients who qualify for Medicare that you are required to accept assignment on them. The Medicare budget signed into law on December 19, 1989 states that physicians who "knowingly and willfully balance bill could face severe sanctions including civil monetary penalties and exclusion from Medicare." Yes, exclusion from Medicare. How would you like to practice in Florida and be excluded from Medicare? Please, for your sake, bring this to the attention of your office manager if you haven't already.
4. **Did you know?** That if you spent time with a patient that you determined is an average office visit, **you must prove it** by the record. It does not matter how long you spent with the patient - only whether you have it fully documented. For an intermediate established office visit of 90060, you need at least 7 different parts to your medical record well documented. Even if you spent 30 minutes with that patient and you wrote: "Is doing well, but needs emotional support, and explanation and continue medications." This is only worth 3 points. If you are audited and they chose 20 charts and only 15 showed the right documentation, they could say "Well Doctor, a quarter of the time you overcharged for the last two years we will reduce your pay by 25% on all office visits." **Ouch!** A Texas physician is now in court trying to convince a Federal Grand Jury of his innocence of insurance fraud. His only crime was **just not knowing**. He had no intent to fraud, only poor documentation.
5. **Did you know?** That if you are a non-participating physician you are discriminated against. One of the ways is that participating physicians in Jacksonville are paid within 17 days or interest is paid. For non-participating physicians it could be much longer.
6. **Did you know?** That every Medicare Explanation of Benefits (EOMB) includes a little message at the end reminding your patient that if you did not accept assignment, how much they were overcharged. Even if you didn't overcharge it makes you look bad. Another little technique to put pressure on you.

Scoring is as follows: 0 correct: You're in serious trouble; 1-2 correct: You're a senior partner; 3 correct: Average, don't you hate being average; 4-5 correct: Very good - you have been paying attention! All 6 correct: Take a vacation.

Have a nice Summer! ■

## "DR. JOHN"

(Continued from page 1)

MasterCard so I would never be turned down, for any amount. It took a while to get up my nerve to go out again, but I finally did.

A clerk ran my card through the next time and said, "Wow, you must have a really good credit rating." The other people in line all had Gold Cards and didn't even look up.

Those shoe store customers are never around when you want them. ■

John R. Agnew

## DOCTOR OF THE DAY

(Continued from page 1)

The Doctor of the Day is usually presented to the House or Senate that morning and your name is entered into the daily record. You also get to sit on the chamber floor with someone from your local delegation who has agreed to be your sponsor. This experience is really great because it puts you in the middle of all the action. Many of the legislators will come up to you and introduce themselves during that day. You are also given the opportunity to attend various committee meetings. However, there is one thing that you cannot do. As Doctor of the Day, you are not allowed to lobby any issue.

Being Doctor of the Day is rewarding. It affords you the opportunity to see government in action. Actually, it might scare you. It also provides experiences that you will remember for a long time. For example, last year I was on the House Podium when the guest minister gave the famous abortion prayer. This year I was visiting Senator (Doc) Myers when Governor Martinez, Lt. Governor Brantly, Senator Scott and Senator Jennings walked in an hour or so before the State of the State Address. I was introduced to all of them. That same day, I was a lunch guest of Representative Flagg at the Governor's Club. By the way, Governor Martinez was seated at the table next to me.

Being Doctor of the Day is fun, exciting and very important. Physicians must maintain their presence before our legislators if just laws affecting our profession and the people that we serve are to be enacted. Hopefully, some of you will get involved with the program next year. You will never regret it. ■

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.

## CORRECTION &amp; APOLOGY

(In the April issue of the BULLETIN, Joseph Nicotra, M.D. was incorrectly identified as a Doctor of Osteopathy. His picture and correct information are listed below.)

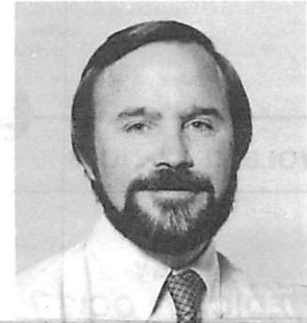


JOSEPH NICOTRA, M.D.

Dr. Joseph Nicotra was born in Weehauken, New Jersey. He received

his medical degree from Rutgers Medical School in Camden, New Jersey. He completed his internship and is currently in a residency program at Robert Wood Johnson University Hospital in New Brunswick, New Jersey.

Dr. Nicotra will be practicing Anesthesiology at 3949 Evans Avenue, Suite 102 with Anesthesia Associates.



JOHN F. PRATER, D.O.

Dr. John F. Prater, D.O. was born in Cleveland, Ohio. He received his medical degree from Ohio University College of Medicine in Athens. He completed his internship at Brentwood Hospital in Cleveland and his residency at Cleveland Clinic, also in Cleveland.

Dr. Prater is practicing Psychiatry at 1325 S.E. 47th Street in Cape Coral in Solo Practice.

MINI-INTERNSHIP  
PROGRAM — MARCH

INTERNS: (1st row): Bruce M. Stanley, Esq.; Beth Francis, News-Press Reporter; George T. Beemer, Real Estate Investments; and Jim Nathan, President, LMH (2nd Row): William Evans, M.D., Coordinator; Faculty: William Harwin, M.D.; Irwin Kash, M.D.; Mark Gorovoy, M.D.; and Phillip Andrews, M.D.

Lee Memorial Hospital hosted our March Mini-Internship Program with breakfast on Wednesday, March 21st. Each intern and faculty member discussed the two days in the program. We received the following letter from Intern Bruce Stanley:

Dear Bill:

I want to once again thank you for allowing me to participate in the Mini-Internship Program. From time to time in my practice, I have gotten a glimpse of what my physicians go through on a daily basis. This program offered me the opportunity to actually get into a practice and see what you all are confronted with. I have always felt that I needed to convey that to my juries. In this community, I am convinced that when a physician appears reasonable and concerned, the juries for the most part give him an edge at the start of the case. I think in order to assist me in cultivating that edge on big cases in the future, I should spend time with my doctor getting to know him personally on a professional basis.

Again, I thank you and the Lee County Medical Society for including me in this program. If I can help out in the future, please do not hesitate to ask.

Very sincerely yours,  
Bruce M. Stanley

## WHAT'S NEW ?

CURRENT NEWS &amp; HAPPENINGS AT AREA HOSPITALS

### CAPE CORAL HOSPITAL

#### CAPE CORAL HOSPITAL'S COMPUTERIZED PHYSICIAN ACCESS SYSTEM

Cape Coral Hospital has recently introduced a new Physician's computer network. The **Physician Access System** links Cape Coral Hospital's mainframe computer with a computer located in the physician's private office allowing access to information on patients served by Cape Coral Hospital. The program began in November 1989 and currently has 25 physicians using the system.

With the touch of a button a physician can . . .

- obtain ancillary test results
- access all up-to-the-minute hospital patient information
- print patient face sheets
- receive mailbox messages electronically
- send and receive messages or consultations with other physicians

Installation and maintenance of all necessary software and computer equipment is provided through Cape Coral Hospital's Information Services Department. Once installed, a twenty-four hour a day link with the hospital is established.

#### A NEW DIRECTION IN RISK MANAGEMENT

"A New Direction in Risk Management" will be the topic for the May 15th Lee County Health Management Association meeting. Rebecca Armato, a national risk management consultant, will be the guest speaker.

While approximately one-third of all malpractice claims originate in the physician's office, the physician has the greatest potential to control liability in his office setting, often through easily instituted business systems.

Office personnel are given the responsibility of carrying out established systems for communications, documentation and follow-up. Their performance of these "office tasks" directly contributes to the physician's liability exposure.

This program will highlight pertinent risk management techniques and practices geared toward not only minimizing the physician's exposure to malpractice claims, but maintaining efficient office routes and communication techniques that will enable the medical office to reduce exposure to medical liability claims.

Ms. Armato has been a risk management consultant for Stratton-Cheeseman Management Company, a national consulting firm based out of Detroit, Michigan. With prior experience of over ten years as a medical practice consultant, her knowledge of daily operations within a practice setting has provided valuable insight into the relationship between practice and risk management services. She has recently left Michigan to take the position as Physician Network Program Manager of Baptist Medical System, a four hospital, 1,350 bed system in Little Rock, Arkansas. Her charge is to develop practice and risk management programs to meet the needs of the 1,000 physicians on the Baptist Medical System staff. She is also a member of the National Association of Medical Group Manager's Association.

The meeting will begin at 6:30 PM in Cape Coral Hospital's VIP dining rooms adjacent to the hospital's cafeteria. Dinner will be served compliments of Cape Coral Hospital. ■

### LEE MEMORIAL HOSPITAL

#### CONVENIENCE CARE OPENS AT LEE MEMORIAL HOSPITAL

People who come to the Lee Memorial Hospital Emergency Department with minor illnesses or injuries will find they have a much shorter wait for treatment. Convenience Care, a six-bed unit located just off the Emergency Lobby, opened recently with the purpose of providing more efficient treatment of non-emergency patients.

Physicians who need to meet their patients in the Emergency Department after office hours will find that Convenience Care is more expedient than the traditional Emergency Department. Private physician patients who meet the non-emergency admission criteria will be given priority for treatment in Convenience Care. At the present time, Convenience Care is open from 1 PM to 9 PM, seven days a week, although hours may be expanded in the future to meet demands.

The goal is to have patients wait no more than 30 to 90 minutes, including X-rays, treatment and paperwork, according to Currin M. Nichol, M.D., Medical Director of the Emergency Department. The purpose of Convenience Care is to separate the non-emergent cases from the more serious illnesses and injuries, including trauma care, which can take much longer for assessment and disposition.

Convenience Care is staffed by its own emergency physician, Roger Hirschak, D.O.; a registered nurse; an emergency technician; and a unit secretary. The unit also has its own dedicated X-ray facilities located adjacent to the department so that X-rays for Convenience Care patients can be handled more efficiently.

Typical illnesses or injuries that fit the criteria for Convenience Care include: toothaches, sore throat, isolated nose injury, earache, eye infections, urinary tract system symptoms, minor contusions and abrasions, minor burns, minor lacerations, neck pain, simple low back pain or strain, upper respiratory infections, flu, outpatient medications, laboratory work, X-rays, and injuries resulting from minor motor vehicle accidents.

For more information on Convenience Care at Lee Memorial Hospital, contact Dr. Currin Nichol or Ron Laxton, Director, Emergency Department, 334-5120. ■

### CONGRATULATIONS!

On April 7th, 1990, Dr. Joseph P. Fiore was awarded the **Community Service Award** by the National Association of Physician Broadcasters at their convention in Denver.

The award recognizes his contribution to the community public health and education for organizing the "Video Health Fair" in cooperation with WINK-TV.

He was up against some stiff competition with other nationally known members, such as NBC's Dr. Art Ulene. Congratulations JOE! ■

### RISK MANAGEMENT CONFERENCE

MARK YOUR CALENDARS FOR OUR ANNUAL "RISK MANAGEMENT CONFERENCE TO BE HELD IN OCTOBER. PLANS ARE BEING FINALIZED."

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**FMA CORNER****MEMBER BENEFITS —****Department 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.

**WORKER'S COMPENSATION**

Since the concept of Worker's Compensation was developed, it has become a very complex system. Health care is a major, inextricable component of any workers' compensation system. Therefore, the FMA has organized a Worker's Compensation Committee which acts as a problem solving body for member physicians and which monitors legislative and administrative developments for this program. Additionally, the FMA seeks resolution of specific problems encountered by physicians and makes its findings on broad issues available to all members.

Because of the FMA's long standing interest and involvement in this area, the Division of Workers' Compensation routinely requests input from the FMA on proposed rules and policy development. This input is influenced directly by FMA

members and its Workers' Compensation Committee experts.

Because Workers' Compensation is administered in an environment which is rich in conflicting interests, continuation of the FMA's efforts relating to Workers' Compensation is an essential part of assuring that injured workers receive adequate care and that physicians maintain the latitude to deliver that care.

**Alternative Delivery Mechanisms**

Rapidly rising health care costs have led to the formation of many innovative alternatives to traditional health care delivery. The FMA Committee on Health Care Financing and Alternative Delivery Mechanisms evaluates these alternatives based on how well they preserve the doctor/patient relationship, freedom to choose physicians, and economic feasibility. The Committee also addresses specific problems identified by physicians, such as the lack of uniformity in pre-authorization procedures among managed care plans.

Other issues addressed by this Committee include evaluating the economic feasibility of practice guidelines, physicians involvement in joint ventures, and evaluation of the driving behind the increasing cost of health care. Armed with this knowledge, member physicians are better prepared to face future challenges in the health care industry. ■

**LETTER TO LEE COUNTY MEDICAL SOCIETY**

Tom Gallagher, Insurance Commissioner  
Florida Department of Insurance  
The Capitol

Tallahassee, FL 32399-0300

Dear Mr. Gallagher,

Recently, a representative of Humana Health Care Plans was in Fort Myers attempting to either sign up physicians or get some sort of indication as to who might be interested in joining their plan. The tactics that this man used were really unbelievable. He traipsed around this county telling one physician, or group of physicians that another physician, or group of physicians, had signed up for the plan and this would threaten the referral pattern to the second group if they didn't participate.

Humana, of course, is a Health Maintenance Organization (HMO). We really should begin to call a spade with regard to the use of that term, HMO. It is quite clear that an HMO is nothing more than a capitated way of providing health care through a system of rationing. Rationing, of course, comes through the assignment of each patient to a gatekeeper, who is really an internist or a family practitioner. That gatekeeper is given a certain number of dollars per patient per year and if he can keep that patient from spending too much money, he will make more money for the year. He does not do that by maintaining this patient in good health, but rather by seeing them as infrequently as possible and not referring them to a specialist, even if they need one. This play on words has resulted in the government providing enormous sums of money to these organizations under the guise of providing cheaper, but "quality" medicine. I feel that that term, quality, is misused in this case. I would also suspect that the administrative level of these organizations do not suffer from a lack of income.

I think that you should investigate the methods by which these organizations, and Humana in particular, attempt to insinuate themselves into the health care of a community. It sounds very much to me like the tactics that were used in the past by labor unions when they attempted to break into an industry. Of course, the physical nature of those unions is lacking, but they certainly are aggressive in other ways.

Sincerely,  
John B. Fenning, M.D.

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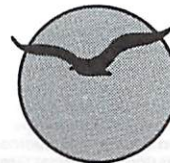


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**MEDICAL SOCIETY  
MEETING**

Royal Palm  
Yacht Club

Cocktails 6:30  
Dinner 7:00 P.M.

**MAY 21, 1990**

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Dr. Jerry Jarrell

National Hurricane Center

John Wilson

Lee Co. Emer. Oper.

**TOPIC:**

"Hurricane Preparedness"

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**LEE COUNTY MEDICAL SOCIETY**

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