LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 13, NO. 4 | Fort Myers, Florida | July, 1991

John W. Snead, M.D., Editor

ONE HOUR AIDS CME REQUIRED 1990-91 FOR LICENSE *RENEWAL*

The Florida Board of Medicine addressed the AIDS education requirement recently approved by the Florida Legislature. The outcome was that physicians licensed to practice medicine in Florida will be required to obtain a single hour (1 hour) of AIDS education during the current relicensure biennium; January 1, 1990 through December 31, 1991.

The one credit continuing medical education requirement in HIV/AIDS may be met with either AMA Category 1 Credit or AMA Category 2 Credit. If the course is approved for Category 1 Credit, it will be counted as part of the 40 hours AMA Category 1 CME Credits required for relicensure during each relicensure biennium. I HIV/AIDS education credit is earned in Category 2, it will be **in addition to** the 40 Category I CME Credits required for relicensure.

In whichever Category the credit in HIV and AIDS education is earned, the program must contain information on: modes of transmission, infection control procedures, clinical management, treatment, prevention, current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results and treatment of patients.

In addition to the new requirement for HIV/AIDS education, by December 31, 1991, physicians will need to have completed 40 hours of AMA Category 1 *Credits in Continuing Medical Education*. Five of those 40 hours must be in Risk Management.

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RISK MANAGEMENT CME

Sat., Oct. 12, 1991
SWFRMC Auditorium
7:30 AM Registration
8:00 a.m. - 2:00 p.m.

Five (5) Hrs. Cat. 1 Credit
One (1) Hr. Cat. 1 Credit

TOTAL 6 HOURS CME

Brochures will be mailed in August and September

PRESIDENT'S MESSAGE

WILLIAM P. EVANS, M.D.

As we move into the summer months and take off for vacation, we can reflect on the recently completed legislative session in Tallahassee. There were a myriad of important issues raised, debated and voted upon which will have a profound effect on all of us and the structure of medical practice in the future.

Our leaders, lobbyists, and most importantly, our grassroots membership of the FMA need to be congratulated for so effectively speaking up for our interests. We were able to successfully defend ourselves on a number of fronts, most notably the defeat of the Regulatory Health Care Commission Bill, (Prefaces HB1161) which many feel was the first step to a Canadian style health care system in Florida.This was defeated on the Senate floor after it had been passed out of the House. We also won victories in defeating the $500 Physician Assessment for indigent care and the Mandatory Assignment Bill. Additionally, the proposed bill to extend the statute of limitations from 2 to 4 years (which was strongly supported by the Trial Bar), was defeated, as was legislation limiting physician joint ventures.

We have a lot to be proud of as to what we accomplished this year. There is no doubt that each of these issues will be coming up again in the next year or two, and we need to be ready. We owe it not only to ourselves, but to our patients to help defend our medical system, which has traditionally delivered the highest quality health care in the world.

There has been much written of late about our health care delivery system, the pros and cons, and the alternatives which exist. The average citizen in this country does not understand what implementation of a nationalized health care system or Canadian style system would mean to us. Their perception, in my opinion, is that it will provide the

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THE TERRIBLE "TOOS"

Kevin M. McAuliffe, M.D.
Reprinted courtesy "Jacksonville Medicine"

Many of the problems that face our profession concerning too little reimbursement and too much regulation are the result of there being too many unhappy patients. They complain that they have to wait too long to get an appointment, and once in the office, too long to be seen by the doctor; get too few of their questions answered; feel that they are charged too much for this lack of service.

None of these complaints are new, nor are our excuses that permit their perpetuation. "Emergencies prevent more punctual patient scheduling." Patients don't have the medical background to understand their disease and treatment." New technology is expensive and overhead is out of sight - quality care costs money."

The winners mentally and monetarily in the 90's will be those in our profession obsessed with patient service. The experience of the last decade in other industries (if not common sense) validates this prediction. The changing laws of supply and demand in medical care delivery have fostered an intolerance to waiting, waste and indifference. Unfortunately, this triad typifies many patient's perception of medical care and its delivery in the U.S. today.

A firm foundation for patient care is the "Golden Rule." We should treat our patients as we would want to be treated if our roles were reversed. This philosophy demands solutions to problems, rather than being satisfied with excuses.

Scheduling patients implies planning. However, in many offices, time slots are allocated based on a pre-printed appointment book or computer program, not on the reality of the practice's patient mix, or doctor's work habits. Conducting a time study for a month of actual patient flow is invaluable in customizing a realistic schedule. Important questions answered by such a study include: Did the patient and doctor arrive on time? How long did it really take for a new patient exam, annual physical, or recheck? How many emergencies, or work-ins were seen each day, and was there a particular pattern, or day of the week when they were more common? An hour spent with your staff and this data may reveal why you are consistently behind schedule, generate suggestions for more efficient patient handling, and the development of a schedule that will minimize patient waiting and resulting office stress.

Patients interpret a wait of over 30 minutes as arrogance (the doctor thinks that his time is more valuable than theirs), inefficiency and ineptness (which reflect poorly on the quality of your care), or greed (the doctor is trying to see more patients than is physically possible to maximize his income).

Our patients have been conditioned to be impatient. Microwave ovens, 15 minute oil changes, drive-thu windows and one-hour glasses have reduced acceptable waiting time from hours to minutes. This is the reality of time in the 90's.

Even with the best of intentions and realistic scheduling, delays will occur. How you handle them indicates to your patients how committed you are to avoiding delays that cost them time and often money.

When over 30 minutes wait is anticipated, have your staff promptly inform the patients and offer to reschedule them. Personally apologize as you greet each delayed patient. If the wait has been excessive, reduce your fee for the visit to compensate the patient for their inconvenience. Any lost income from that visit will be more than made up for in patient loyalty to your practice.

These measures may seem excessive until you put yourself in your patient's shoes. More than likely you would not only expect, but demand such recompense.

If your practice can't accommodate patients who desire an appointment within a requested time frame, or a particular service, make it a policy to refer them to a colleague who probably can meet their needs. Both the patient and colleague will appreciate your extra effort in helping them. Such dedication to service will not only enhance your reputation, but that of the whole profession. ■

COMMENT PERIOD BEGINS ON NEW MEDICARE FEE SCHEDULE

DEADLINE: July 30, 1991

The new Medicare fee schedule, which will sharply reduce payments to Florida physicians for Medicare services, has been posted for public comment by the Health Care Financing Administration (HCFA). The FMA is requesting that county medical societies, specialty societies and individual physicians send comments to HCFA on these proposed revisions.* The FMA will comment on the proposal as well, stressing the potential reductions in access to care for the elderly and the shifting of Medicare payment reductions to other purchasers of health insurance, including the business community.

HCFA has announced that it will reduce the initial conversion factor by 16% below originally projected levels. The conversion factor will be used in conjunction with a resource-based relative value scale to determine physician payments. Payments to physicians whose services consist mostly of visits, such as internists and family

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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.

COMMENT PERIOD

(continued from page 1)

physicians, may increase next year, but at a substantially lower level than had been expected. Payments to physicians whose services consist mostly of procedures such as surgeons, will be reduced even further below anticipated levels by 1996. "Physicians can only conclude that the federal government has broken faith with the medical profession and its patients," Dr. James S. Todd said. "The AMA, working with all of organized medicine, is embarking on a major effort to reverse these cuts," he said. The campaign will include public comments to HCFA about its Notice of Proposed Rule Making, unprecedented grass-roots lobbying and legislative initiatives. The AMA, as well as leaders in the specialties of internal medicine, family practice and surgery all agreed that restoring the conversion factor to its intended level is the number one priority. "The AMA remains committed to physician payment reform," Dr. Todd told the PPRC. "We simply want to make it work."

*Write to HCFA, Gail Wilensky, Director, HCFA, Dept. of Health and Human Services, ATT: B.P.D.-712-P, P.O. Box 26686, Baltimore, MD 21207. Also write your Congressman. ■

PRESIDENT'S MESSAGE

(continued from page 1)

same quality of care for everyone without having to pay for it, or at least a very reduced fee. Additionally, universal access to any physician desired is an expectation of this plan. This of course is nonsense., It is true that more people may have access to the system, but the quality and extent of care provided is the real issue in this scenario. It's painfully clear to many Canadian citizens that health care is highly rationed in Canada. Everyone cannot afford it. Obviously in a city the size of Toronto with only one MRI scanner there have to be a lot of compromises made. There are many who feel the only reason the Canadian system can function in its present form is that our system is "next door" to take up the slack.

What then is the answer to reforming the system? Perhaps some compromise between the two will be the eventual solution. There is no question that some reforms are needed in our system,, and improved access to care for more people is certainly one of them. However, we must be sensitive to preserve the basis of our system which has made it the gold standard by which all others are compared; that is the integrity of the doctor/patient relationship and the ability of the physician to practice medicine freely, making the medical decisions for his or her patient instead of those decisions being made by committees, insurance companies, government bureaucracies or PROs.

If we all speak loudly enough maybe Washington will hear. ■

AIDS CME

(continued from page 1)

As the Board of Medicine will randomly audit physicians to assure compliance with the state's continuing medical education requirements, physicians are advised to keep on file certificates/proof of attendance for continuing medical education they have attended. Since an audit may extend beyond the previous 2 years, it is advisable to keep these records for at least four years. ■

BUSCH GARDENS DISCOUNTS AVAILABLE MAY 1 - JULY 31, 1991

Contact LCMS for details!

THE QUESTION MAN

Opinions - Editorials - Letters To The Editor

THIS SPACE IS RESERVED FOR YOU.
WE NEED YOUR COMMENTS AND OPINIONS FOR THIS COLUMN.
SPARK SOME INTEREST, WRITE WHAT YOU FEEL.
YOU SAY IT, AND IF IT'S PRINTABLE,
YOU WILL SEE IT IN THIS COLUMN!

Next Month's Column:
What is the single most important thing the Medical Society could do to improve its service to its members?

Bulletin deadline is the 15th of each month . . . see ya in the print media! ■

FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Effective 10/9/91

After numerous past attempts, the Legislature passed **SB 292**, creating the Patient's Bill of Rights and Responsibilities. This legislation requires that each health care facility or provider make public, in writing, the following standards, and make the full test of the law available to patients upon request.

A patient has the right:

- To be treated with courtesy and respect, with appreciation of his individual dignity, and with protection of his need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know what patient support services are available, including whether an interpreter is available if he does not speak English.
- To know what rules and regulations apply to his conduct.
- To be given by his health care provider information concerning diagnosis, planned course of treatment, alternatives, risk, and prognosis.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- To receive a copy of reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of his rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him and to the appropriate state licensing agency.

HRS will print and make continuously available to hospitals and physicians this summary of the Florida Patient's Bill of Rights and Responsibilities. In adopting and making public the summary of the Florida Patient's Bill of Rights and Responsibilities, health care providers and health care facilities are not limited to the format in which HRS prints and distributes the summary.

The bill includes an **FHA-supported section** that provides these standards shall not be used for any purpose in any civil or administrative action and neither expands nor limits any rights or remedies provided under any other law. ■

MAY MINI-INTERSHIP PROGRAM

First Row (L to R): Interns: Michael Hubner, Adm. Resident, LMH; Bruce Fair, VP, C&S Sovran Trust Company, Homer Pyle, Editorial Page Editor, News Press; Carl P. Grisson, Northwestern Mutual Life Insurance.
Second Row (L to R): Faculty: Michael J. Sweeney, M.D.; Mark E. DeSantis, M.D.; Valerie C. Moore, M.D., Coordinator; David G. Gaar, M.D.; Thomas M. Schiller, M.D. Not pictured: Larry P. Garrett, M.D.

Comments

"...allowed me further insight into the demands of an individual who enters the world of medicine." C. Grissom

"I have a different opinion (positive) of physicians than before the program. I was amazed by legal concerns about malpractice." B. Fair

"Physician are the "captains of the ship" for their patients, office and hospital staffs. It's not easy being a physician in this dynamic environment." M. Hubner

"The doctors I saw were compassionate, highly skilled, competent and happy with their work. I was impressed." H. Pyle

"Helped to remind me of lay persons and patients perspective..." M. DeSantis

"Good opportunity to meet and orient people in the community to our special problems." D. Gaar ■

DEVELOPMENTAL DELAYS REFERRAL

Suspected developmental delays and deficits in infants and children should be referred for a thorough evaluation. If any physician caring for infants and children suspects a developmental delay or deficit and wants further evaluation, please refer these children to Developmental Services, a division of HRS.

Please clip and save the following card for your rolodex file. The phone number for the Easter Seal early intervention program (S.T.A.R.T.), which includes developmental training, physician therapy, occupational therapy, and speech therapy for infants to three years of age is also included on the card. ■

```
DEVELOPMENTAL DELAYS
    Call Developmental Services
         3745 Broadway
         Fort Myers, FL 33901
         Phone 278-7015
    Early Intervention      PT OT Speech
    Easter Seal             Developmental
    S.T.A.R.T. Program      Training
    945-3600
-------------------------------------------
          Clip & add to rolodex
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WHAT'S NEW ?

Current News & Happenings At Area Hospitals

CAPE CORAL HOSPITAL

HEALTHWATCH PROMOTES HEALTHIER LIFESTYLES

Doctors, here is the perfect prescription for your patients who could use a nudge toward a healthier lifestyle! It's a health awareness program that promotes health and fitness. The second annual **Summer Health Watch** kicked off with registration on June 15th at the Coralwood Mall. Cape Coral Hospital, Coralwood Mall and Roger Dean Chevrolet are sponsoring Summer Health Watch from June 15th through August 24th, 1991.

The purpose of this program is to encourage everyone to focus on a healthy lifestyle through nutrition, exercise, and lowering cholesterol. Throughout the ten week program, participant's weight, blood pressure, exercise activity and cholesterol will be monitored.

CAPE CORAL HOSPITAL CME PROGRAMS

July 10th, 6:00 p.m. in the VIP Rooms - Dr. William Harvey will speak on "Supportive Care of the Cancer Patient". Buffet dinner and open wine bar will be available.

July 31st, 6:00 p.m. at the Sheraton in Fort Myers - cocktails at 6:30 p.m. and dinner *at 7:00 p.m. Dr. Robert Bennion will be speaking on* "Intra-abdominal Sepsis". Dr. Bennion is Asst. Professor of Surgery at UCLA School of Medicine in Los Angeles, California. This program is co-sponsored by Fujisawa Pharmaceutical Company.

July 31st, 6:00 p.m. at Cape Coral Hospital VIP Rooms - Dr. Stephen Mester will speak on Invasive and Non-invasive Management of the MI Patient". Dr. Mester is Asst. Professor of Medicine in the Division of Cardiology at the University of South Florida College of Medicine. This program is co-sponsored by Marion Laboratories. Dinner and wine will be served.

August 28th, 6:00 p.m. Cape Coral Hospital VIP Rooms: Dr. John Petersen will speak on "Inflammatory Bowel Disease". Buffet dinner and open wine bar will be available.

August 15th, Cape Coral Hospital VIP Dining Rooms - cocktails 6:30 p.m., Dinner 7:300 p.m. - Dr. Joseph Lynch will speak on "Pneumonia in the Elderly". Dr. Lynch is Associate Professor of Internal Medicine in the Division of Pulmonary and Critical Care Medicine at the University of Michigan Medical Center, Ann Arbor, Michigan. This program is co-sponsored by Roche Pharmaceuticals.

All programs are accredited for one credit hour in Category 1. It is very important to RSVP (542-8883). Your support of the CME programs is appreciated. ■

LEE MEMORIAL HOSPITAL

MEDICAL SOCIETY AUXILIARY'S PHYSICIANS' CHILDREN SUMMER VOLUNTEER PROGRAM

The Lee County Medical Society Auxiliary recently held a special program at Lee Memorial Hospital to familiarize physicians' children with hospital volunteer programs.

Approximately 25 children, ages 10 to 13, participated in the program. They assisted hospital volunteers in areas such as General Surgery, Pediatrics, the Rehabilitation Center, delivered toys and participated as "huggers", flower and mail deliverers, and took part in Lee Memorial's Older Adult Services' Sensitivity Training. Sensitivity Training is designed to help participants better understand and have compassion for our older population. During the Sensitivity Training each child donned eyeglasses designed to simulate glaucoma and wore thick gloves when selecting colored pills from a small medication container.

After volunteers completed the program, they discussed their experiences and evaluated the services they observed.

The program was a great success teaching physicians' children about various volunteer programs and the value and rewards of community service and helped them become familiar with the hospital environment their parents encounter daily. ■

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

NEW MONITORING DEVICE HELPS CARDIAC SURGICAL PATIENTS

Within the first 24 hours after open heart surgery, some patients have high blood pressure that can damage delicate bypass grafts. If medication is required to control the hypertension, it is given in an intravenous form called sodium nitroprusside (SNP), commonly called Nipride. Because this medication is so powerful, it requires constant monitoring by nurses.

A new piece of equipment, designed at the Cleveland Clinic, is now being used at the Heart Institute at Southwest Florida Regional Medical Center. The IVAC Titrator™ provides better control for the intravenous administration of Nipride. Every 1/100 of a second, the IVAC system monitors the patient's blood pressure using an electrical signal. This signal is interpreted by the system and the amount of Nipride is calculated and administered to the patient every 10 seconds, if needed. Because the machine has preset parameters, the patient does not experience peaks and valleys of dangerously high or low blood pressure. This allows the patient to become more stable with a minimal amount of medication.

According to cardiothoracic surgeon Brian Hummel, the new equipment will help "decrease blood loss post operatively to a minimum and will help avoid big swings (in blood pressure) after heart surgery". Both the cardiothoracic surgeons and the critical care nurses have observed the benefits of the IVAC Titrator directly in preventing returns to the operating room for post operative bleeding.

TWO NEW VICE PRESIDENTS NAMED

Southwest Florida Regional Medical Center is pleased to announce the appointment of two new vice presidents.

Connie Sixta has been named Vice President of Patient Care. She received her BSN and MSN from the University of Nebraska in Omaha and was most recently VP of Patient Care Services at Childrens Memorial Hospital in Omaha.

Joe Taylor has been named Vice President of Facilities Management. He received his Bachelor's degree from the University of Tennessee at Knoxville and his Master's of Health Administration from Ohio State University. ■

PHYSICIANS IN THE NEWS

A team of local physicians finished third out of thirty-two teams participating in the Naples Triathlon on June 2nd. This event consisted of a three mile run, nine mile bicycle time trial, and a 400 yard swim. The team consisted of runner **Dr. Patrick Bowman**, swimmer **Dr. Michael Verwest**, and team captain and cyclist **Dr. Peter Blitzer**. The fourth place team, which included two non-physicians, was captained by swimmer **Dr. Abbott Kagan**. Local physicians **Dr. Richard Wingert**, **Dr. David Reardon**, and **Dr. Michael Carron** participated in the individual competition performing all three sports. They all made impressive times for their respective age groups.

■ ■ ■

The Florida Society of Clinical Oncology elected **William N. Harwin, M.D.**, a Ft. Myers Oncologist, Treasurer at its recent annual meeting at Key Biscayne. The Society, founded in 1977, has 280 cancer specialists in its membership from throughout the state of Florida.

Dr. Marc Saltzman, President, said: "Dr. Harwin has been an active member of this multidisciplinary organization. In his election as Treasurer, the Board is recognizing his leadership role and dedication in upgrading patient care, education and research in the field of cancer in Florida. He is a past Program Planning Committee Chairman and Editor of its Oncology newsletter."

■ ■ ■

A special thank you to **Dr. Marvin Porter** for donating his beautiful desk, chair and desk accessories to the Medical Society office. We very much appreciate this gift. ■

Those interested in pictures taken at the Charity Ball may contact Mr. Howard Weisberg

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AMA PRACTICE MANAGEMENT WORKSHOPS

TAMPA, FLORIDA

MEDICAL OFFICE STAFF

October 8 - Insurance Processing/Coding
October 9 - ICD-9 Coding
October 10 - CPT Coding/Beyond the Basic (morning)
Medical Collections Mgmt. (afternoon)
October 11 - Business Side of Medicine

TAMPA, FLORIDA

YOUNG PHYSICIANS

October 17 - Joining a Group Practice/Partnership
October 18-19 - Starting Your Practice

MIAMI, FLORIDA

ESTABLISHED PHYSICIANS

October 13 - Gearing Up for Retirement

MEDIA AND MEDICINE CONFERENCE

New England Journal of Medicine Executive Editor Marcia Angell, M.D. will keynote the FMA's third annual Media and Medicine Conference scheduled for October 31st and November 1st at the Orlando Omni International Hotel.

Panel topics this year will be Euthanasia, HIV/AIDS testing, Health Insurance, Infant Mortality, Women's Health Issues, and Biotechnology. Reservation information will be forwarded soon. ■

UPIN DIRECTORY

The FMA was recently notified by Blue Cross and Blue Shield that the Unique Physicians Identification Number (UPIN) Directories will be produced by the Health Care Financing Administration and shipped to carriers in early July 1991. Blue Cross and Blue Shield will then label and mail the UPIN directories at no cost to all Florida physicians.

The tentative date for physicians to begin using UPIN numbers to identify the ordering and referring physician is September 1, 1991. An educational effort will be conducted through January 1, 1992, after which time Medicare will be required to deny claims without the UPIN number.

Blue Cross and Blue Shield is expected to get a magnetic tape of the UPIN directories to enable them to maintain a current listing of UPIN numbers and periodically publish addenda. ■

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RISK MANAGEMENT CME

Sat., Oct. 12, 1991
SWFRMC Auditorium
7:30 AM Registration
8:00 a.m. - 2:00 p.m.

Five (5) Hrs. Cat. 1 Credit
One (1) Hr. Cat. 1 Credit

TOTAL 6 HOURS CME

Brochures will be mailed in August and September

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