



## FEBRUARY GENERAL MEETING

### "JUNGLE MEDICINE"

Two physicians in our medical community will share with us their experiences in other countries with practicing medicine. If you have ever entertained the idea of volunteering to go to third world countries to work in medicine, come hear their message. We will look at the differences in medicine and the experiences two physicians have had from participating in two different programs. ■

## FEBRUARY MEDICAL SOCIETY MEETING

Royal Palm Yacht Club

**FEBRUARY 15, 1993**

Social Time: 6:30 p.m.

Dinner Time: 7:00 p.m.

### SPEAKERS:

JOHN S. FIFER, M.D.

Africa

JAMES TAYLOR, D.O.

Haiti

### TOPIC:

"Jungle Medicine"

DINNER BY RESERVATIONS ONLY

**CANCELLATIONS:**  
By Noon, Monday

## PRESIDENT'S MESSAGE



PHILLIP E. ANDREWS, M.D.

**Organized Medicine — What, Why, How**  
Those rich doctors are finally going to get their comeuppance. Florida is going to lead the country with Doug Cook's plan in cutting their sinfully high prices. And, the doctors are not going to have any say in what happens to them.

The above would easily be the news in 1993 in Florida - if there were no organized medicine. So what is this sometimes distasteful thing called "Organized Medicine?" In the simplest of terms, it basically is a group of dedicated volunteer physicians assisted by salaried staff who recommend policy, lobby politicians to influence legislative issues, negotiate with other bodies who would run our lives, and a myriad of other duties too numerous to mention. It is also made up of you and me, the members who depend on those dedicated volunteers to negotiate for us.

Our voices, individually, don't really count for much more than one vote. Those persons, outside of medicine, who have within their scope the power to regulate medicines, obviously don't really understand much about us, nor our patients. I think there are some who care; those who are willing to learn must be educated by someone. The AARP would really like to have their voice heard - not to mention the plaintiff attorneys, unions, big business; basically, any organization whose members have to pay anything for medical care. That covers a lot of ground. Basically, everyone in this country (and quite a few in neighboring ones) would like to tell you what to charge and how to hold you accountable.

So - how much time do you have to devote to the study of A BLUEPRINT FOR HEALTH SECURITY (Interim Florida Health Plan) - a document of some ten millimeters thick? I only measured it; haven't read it. Upon very casual perusal, it contains lots of fine print, graphs, and shaded emphatic areas about what they are going to do to us. Well, there are a couple of economists on the payroll of the FMA (paid for by our dues) who are in the process of shortening that document and hopefully turning it into something that we can understand and get through in a couple of hours. Then we will be able to understand better what is going to happen to us.

President Clinton has reportedly told our Governor that the Florida plan might well be used as a blueprint for the nation. In other words, if we can't win any concessions soon - we may never.

I submit that Organized Medicine may not at times suit the individual. The dues are higher than we want to pay. Any of us could stand back, not belong, let others

(continued on page 2)

## "DR. JOHN"

### TV and ME

When there was no graceful way to escape, I on occasion, have appeared on TV. It ranks right up there with urinary retention in the pantheon of life stresses.

I asked Joe Fiore to bring a "Dear Doctor" letter to the attention of patients taking a lipid-lowering drug, the indications for which had been sharply altered. This was selfish on my part, because I don't keep a list of who-takes-what and certainly can't remember. When Joe asked me to do it, I couldn't see an escape route.

"This time, I thought, 'maybe it won't be so bad.' And maybe my bladder will work if I just jump up and down.

I did not tell Alice about this, because knowing she is watching would make me even more nervous. I did not tell anyone, to be more precise.

Despite the new one-way streets, I found the station in plenty of time. The receptionist was quite calm, which was sort of reassuring. I met the anchor lady, who has nice blue eyes and was also reassuringly calm.

As I waited to "go on," I sat yawning and swiveling back and forth in an office chair; this isn't rocking but comes close. Nobody was perspiring except me; probably a dead spot in the ventilation system, I thought.

They led me to another chair, stuck a thing in my ear and on my tie, turned on a big light, and in a few minutes I heard the anchor lady introduce me and I looked up at an overhead camera, as instructed. This is awkward and not reassuring. The ventilation wasn't so good in this area either, I noticed.

Things started off reasonably well, so I sneaked a look at the monitor. Uh, oh.

"My goodness", I thought, "my hair is parted in the middle. That can't be, I don't part my hair in the middle." Maybe I did, by accident. I turned a little, to get a better angle. Certainly looked like it. I looked like the baritone in a Barbershop Quartet. Sheesh, I had everything but sleeve garters. More gray than I remembered, too. Probably the lights.

Lowering my gaze three inches, I noticed one side of my mouth wasn't moving. Now what? This is awful; I am so tense that I can make only half my mouth move. With a little effort I could make this into a sneer and do my Elvis impersonation. Lord, don't let me do that. I could not make my mouth look different, so I gave up.

Lowering my gaze farther, I now appreciated that I was still swiveling, back and forth, like a disoriented rocking-chair sitter. I tried to stop, but couldn't. "Stop swiveling, you idiot," the left side of my brain ordered. The right side, terrified, didn't respond, and my brainstem realized that if I tried much harder both sides of my mouth would stop moving and then wouldn't I be exciting.

(continued on page 2)

## A New Buzz Word For The 90's "CHPAs"

(Community Health Purchasing Alliances)

**DEFINITION:** CHPAs - To Foster the Development of Managed Care Plans.

The Florida Medical Association has analyzed the interim Florida Health Plan proposed by Governor Chiles and headed up by Mr. Doug Cook, Director of the Agency for Health Care Administration.

CHPAs is but one part of this health plan. We will try to bring you as much information on the plan as space permits. Copies of the total FMA Analysis and comments can be obtained from our office.

**YOU NEED TO UNDERSTAND CHPAs. ■**

## CHPAs

**Community Health Purchasing Alliances:** The FMA has identified significant problems with Community Health Purchasing Alliances (CHPAs) as they are currently proposed in the Interim Florida Health Plan. The following discussions outline some of the major concerns regarding CHPAs.

**Legal Remedies as a Means of Quality Assurance:** The discussion regarding Community Health Purchasing Alliances begins with the suggestion that our current health care system holds "...few assurances, short of legal remedies, to maintain quality". We are disappointed that such an editorial statement appears prominently in the interim plan and particularly that it is being used to enkindle and lead the sensitivity of the reader inappropriately. We strongly disagree with the assertion that litigation preserves quality in the health care industry and welcome the authors of the interim plan to review the documented results of the malpractice crisis. This crisis resulted in reduced quality of care and access to services for many Floridians and remains a significant problem. Tort reform should be a central part of the interim plan.

**The Need for Collective Bargaining:** The proposed CHPAs make substantive changes in the relationship of physicians to insurers, patients, purchasers and government. These changes highlight the need for changes in relevant antitrust laws permitting physicians to collectively negotiate with Accountable Health Partnerships (AHPs), CHPAs and insurers. Until these changes are made, it is not possible for physicians to function effectively on behalf of their patients and themselves in the CHPA-based system proposed in the interim plan.

**Other Issues Pertaining to Community Health Purchasing Alliances:** One of the arguments supporting creation of CHPAs is the AHCA's assumption that physicians serve as the economic providers for their patients. Increasingly, the true economic

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## FMA CERTIFICATES OF RECOGNITION NAMES OF VOLUNTEER PHYSICIANS NEEDED

Certificates of Recognition will be awarded to physicians who provide at no charge, professional time and services such as school entry physicals, athletic participation, Special Olympics, scoliosis screening and other examination or screening programs involving children and teenagers.

Names will be published in a booklet and announced at the FMA Annual Meeting in May.

Name \_\_\_\_\_

Program \_\_\_\_\_

\*\*\*\*\*

**MAKE  
A RESERVATION -  
NO SHOW,  
NO CANCELLATION,  
— PAY TWICE —**

BEGINNING WITH THE FEBRUARY MEETING, IF YOU MAKE A RESERVATION AND DO NOT CANCEL BY NOON MONDAY, AND DO NOT ATTEND THE MEETING, - YOU WILL BE BILLED FOR DINNER.

I AM SURE YOU CAN RELATE TO THE MEDICAL SOCIETY'S FINANCIAL SITUATION WHEN YOU COMPARE THIS TO THE PATIENT THAT MAKES APPOINTMENTS IN YOUR OFFICE AND DOES NOT SHOW UP. MANY OF YOU ARE NOW CHARGING YOUR PATIENTS IF THEY DO NOT KEEP THEIR APPOINTMENTS.

IN 1992 WE AVERAGED 20-30 MEALS PAID TO THE YACHT CLUB EACH MEETING THAT NO ONE SHOWED UP TO CLAIM. THIS IS A LOT OF MONEY THAT CAN BE USED FOR OUR OFFICE, STAFF, AND PROVIDING QUALITY PROGRAMS.

PLEASE HELP US IN THIS BAD ECONOMIC TIME TO BE PRUDENT KEEPERS OF OUR FINANCES. MEALS AT OUR MEETINGS COST \$18.60 EACH, UNLESS OTHERWISE STATED.

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LEE COUNTY MEDICAL  
SOCIETY BULLETIN3805 Fowler Street  
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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

**PRESIDENT'S MESSAGE** (cont. from pg. 1)  
pay the money and do the work. If we do, we don't deserve the benefits.

Our government now is like what Mark Twain said about lawyers, "Does it not appear strange that a lawyer should have his hand in his own pockets?" ■

**DR. JOHN** (cont. from pg. 1)

At this point, some area of my consciousness realized I had NO idea what I had said for TWO MINUTES. I could remember the sound of my voice but not the words. I felt a cold chill. Ventilation must be picking up. I couldn't see the anchor lady, so couldn't guess by the expression on her face whether my cruise control was working or whether I had gone around the bend, taking the show with me. What to do now?

Maybe I could tell my joke about the pervers and the chicken. It's a great joke, but has nothing to do with lipid-lowering drugs. Besides, maybe the anchor lady was a pervers and wouldn't laugh. Do pervers have blue eyes? I couldn't recall anything about that.

While this was ricocheting around in my head I was still talking, about Lord Knows What. I wasn't a spectator, even; I was in a parallel universe.

Just when I thought my head would implode the anchor lady said, "Thank you very much," the red light went out, and someone removed the things from my ear and tie.

Nobody appeared to arrest me so I went home. I tried to eat dinner with both sides of my mouth, to prove that everything worked. Alice usually doesn't comment on my behavior, things being as they are.

The next day a patient said, "I saw you on TV last night. You were very good." I was so pleased I said, "Do you know the story of the pervers and the chicken?"

John R. Agnew ■

**BIOMEDICAL WASTE  
PERMITS NOW  
REQUIRED ON  
PHYSICIANS OFFICES  
PREVIOUSLY EXEMPTED**

In 1991 and 1992, state law pertaining to the regulation of generators of biomedical waste contained a provision exempting a physician's office generating less than 25 pounds of biomedical waste per 30-day period from the permitting requirements of the biomedical waste law.

Effective 12/14/92 the exemption is no longer in force. HRS plans to proceed with collecting \$55 from each of the 20,000 physician offices previously exempted. This is due to a ruling by Honorable F. E. Steinmeyer in December, 1992.

If you have any questions about this matter, please contact the FMA office of General Counsel. ■

## JANUARY GENERAL MEMBERSHIP MEETING



Dr. Phillip E. Andrews, the 1993 incoming President of the Medical Society, presented a plaque and pen set to 1992 President, Dr. Valerie C. Moore thanking her for the outstanding leadership in 1992.



A. Frederick Schild, M.D., FMA President installed the 1993 officers charging them to accept the responsibilities of bringing unity to our association; promoting the medical profession; obtaining the goals of our federation (county, state and national) and never missing an opportunity to raise and maintain our profession above all others. ■

## CONGRATULATIONS NEW MEMBERS OF LCMS

The following new members were approved for membership at the January meeting. Please welcome them into our medical community:

Edward L. Davis, D.O./Neurology; Charles P. Friedrich, D.O./Emergency Medicine/Lee Memorial Hospital; Richard M. Glasser, M.D./Ophthalmology/Cape Coral Eye Center; Joseph R. Hobson, D.O./Family Practice/Salko &amp; Salko, P.A.; Fred A. Liebowitz, M.D./Anesthesiology/East Pointe Hospital; Jack M. Lomano, M.D./OB-GYN/Infertility-Laser Surgery/So. Florida Women's Center; Chaim J. Margolin, M.D./Diagnostic Radiology/Radiology Regional Center, P.A.; Jose J. Muniz, M.D./Pediatrics/Nemours Children's Clinic; Jose V. Padilla, M.D./Pediatrics/Family Health Centers; F. Brett Shannon, D.O./Pediatric Orthopedic Surgery/Nemours Children's Clinic; Joseph D. Lemmons, D.O./Emergency Medicine/Lee Memorial Hospital; Christina Marie Diaz, M.D./Neurology/Drs. Carlin and Driscoll. ■

## CONGRATULATIONS

The following members were approved for active membership status at the January meeting:

Stuart A. Bobman, M. D.; Paul Bretton, M. D.; Ralph Gregg, M. D.; Kurt Markgraf, M. D.; Deborah Miller, M. D.; Keith L. Miller, M. D.; Mark O'Konski, M. D.; Thomas A. Quigley, M. D.; Larry E. Sapp, M. D.; Craig R. Sweet, M. D.; Paul L. Yudelman, M. D. ■

## LEE COUNTY MEDICAL SOCIETY AUXILIARY NEWS

**AMA-ERF** — The Lee County Medical Society Auxiliary Foundation wishes to thank all the medical society members who contributed to AMA-ERF and were included in the holiday sharing card. Over \$5,000 was raised to benefit the medical schools specified by the doctors. Mrs. Mary Jane Harris organized this very successful project.**Joint Holiday Party** — The annual Medical Society and Auxiliary Joint Holiday Party held at the Veranda was enjoyed by many members and their spouses. Bags of toys, adult toiletries and over \$850 were collected to benefit three local charities - Senior Friendship Center, Community Cooperative Ministries (Soup Kitchen) and the Lee County Breast Screening Program. Mrs. Mary Sieg and Mrs. Monica Schnieder wish to thank everyone for their generous donations.**Volunteering** — Numerous auxiliary members attended a training session on Jan. 25th for Kaleidoscope, a unique art experience for children, which will be in the Ft. Myers area in February. Volunteers will be donating up to 3 hours of their time to this community project.**Goals** — Mr. Gary Scharf, from the Dale Carnegie Institute, discussed "The Quest for Success" at the January general meeting. The importance of goal setting in order to achieve our goals and strive for success was the emphasis of his presentation. Many auxiliaries attending the University Club meeting were inspired to start their "quest".**Charity Ball** — The "Carousel of Dreams" charity ball committee is in full gear for the upcoming Memorial Day weekend. Nicole Miller, Thalhimer's Jewelers, Sonesta Sanibel Resort, and various local restaurants and merchants have donated numerous items and packages to be available for the Grand Raffle. Invitations are being mailed this month and Ball tickets are available now from Lynne Gorovoy. Patron donations are encouraged, please call Debbie Penuel or Elsie Kokal for information at 332-7019 or 332-4993 respectively. The Ritz Carlton, Naples is offering a limited number of discounted rooms for all ball attendees, get your tickets early to avoid disappointment. ■OPINIONS - EDITORIALS  
LETTERS TO THE EDITOR

John W. Snead, M. D.

**"What should be the physician's role in determining the quality of medical care?"***"Physicians must take the leadership role in determining the quality of medical care. Physicians can do this by actively participating as the patient advocate as the trend towards practice parameters and changes in health care delivery develop. On the local level, leadership in the quality assurance and improvement programs in our respective department and hospitals is also important."*Charles A. Bisbee, M. D.  
Anesthesia*"Physicians know what acceptable outcomes are, so they should have a primary role. When you say quality, what they are going to measure is outcomes. Physicians have to be very involved in QA committees."*Trevor E. Elmquist, D. O.  
Ophthalmologist*"The physician needs to play an important role. As we try to maintain cost control, we cannot do it at the jeopardy of quality care."*Joel T. Van Sickler, M. D.  
Nephrology**NEXT MONTH'S QUESTION  
"HOW SHOULD THE LEE COUNTY  
MEDICAL SOCIETY HELP ITS MEMBERS  
BUILD THEIR PRACTICES?"**

Send your comments to the Medical Society.

Bulletin deadline is the 15th of each month... we want to see you in the print media! ■

**ACQUIRING THE 1993  
CODING BOOKS**

Because of the many changes to the HCPCS coding structure, we strongly encourage you to purchase the CPT-4 1993 (Level I) book and/or the 1993 HCPCS Level II coding book. Physicians may purchase the 1993 edition of these publications from the American Medical Association by writing: AMERICAN MEDICAL ASSOCIATION, P.O. BOX 109050, CHICAGO, IL 60610-0946.

The price for the CPT-4 1993 book is \$29.95 per copy for American Medical Association members, and \$36.95 per copy for non-members. The 1993 HCPCS Level II coding book can be purchased for \$29.95 per copy for American Medical Association members, and \$35.95 per copy for non-members. There is an additional charge of \$5.50 for postage and handling for each book. (Allow four to six weeks for delivery.) Make checks payable to the American Medical Association. For VISA, MasterCard or American Express orders, call: 1-800-621-8335. ■

**DISNEY  
DISCOUNT CARD**

The Disney World and Disneyland Discount Card is now available through the Walt Disney Magic Kingdom Club, offered by the Lee County Medical Society. If you would like to receive the discount card, you may do so by contacting our office, 936-1645. ■

## CHPAs (cont. from pg. 1)

proxy is the insurer, who typically decides whether a procedure is covered, who may do it, and what the procedure is worth. This is particularly true in the managed care environment. The delineation of responsibilities within the proposed CHPA-AHP relationship is not clear. Although the interim plan suggests that the insurance and provider roles will be combined within the AHPs, it is also suggested that the CHPAs will intervene regarding decisions related to the selection and accountability of providers.

Do CHPAs hold providers accountable or do AHPs hold providers accountable? Contrasts exist between providers and AHPs, but not between providers and CHPAs.

Do CHPAs select providers or do AHPs? The interim plan states that CHPAs select them, but this is inconsistent with other statements that AHPs combining the provider and insurance roles. CHPA involvement in provider selection will imperil the autonomy needed by AHPs to assure they are responsive to consumer needs and preferences.

The interim plan suggests AHCA will control the CHPAs in many ways, which is inconsistent with the important principle that CHPAs will be able to adapt to community needs and efficiently build upon available community resources. We are concerned that the AHCA will influence or control the CHPAs regarding: what types of early diagnosis and preventive treatments are offered by AHPs; determination of efficient practice patterns; designation of centers of excellence and determination of which procedures must be rendered in these facilities; the extent to which new technology will be made available to communities.

In most cases, centrally imposed limitations on the above activities are contradictory to innovation and responsiveness to consumer needs by the CHPAs and AHPs.

There is no evidence that the CHPA model contains any inherent savings. The FMA is concerned that the CHPA approach will be used as a policy lever to provide preferential regulatory treatment. The FMA supports development of incentives for employers and individuals to purchase health-care coverage, but feels these incentives must not involve a preference for any delivery or financing structure. Preferential tax or regulatory treatment may provide artificial longevity to CHPAs.

The stated intent of CHPAs is to foster the development of managed care plans. The limited degree to which the public is comfortable with the compromises inherent to managed care is a result largely of the private sector roots of this delivery model. Transition to government-controlled managed capacity, managed competition and managed care will likely spawn dissatisfaction.

Employers are the only entity mentioned as eligible to form CHPAs. To assure a competitive environment, others should be allowed to form CHPAs as well. Assigning exclusive territories to CHPAs is also anti-competitive. CHPAs should be given incentives to excel and competition will provide these incentives most effectively.

Some of the stated benefits of CHPAs will actually increase the cost of insurance and thereby increase the burden on business. For example, neutralizing underwriting biases will increase costs for generally healthy people. Further, administrative costs are likely to increase, not decrease, given that no specific functions have been eliminated, but the additional bureaucratic structure for the CHPA will be inserted between the insurer and the employer. Combining the insurance and delivery roles in the short term will require contracts rather than true joint ventures or entities formed in response to the AHP concept. The FMA would like to see an analysis of the cost for organizing and operating CHPAs relative to the inherent savings not available from other delivery models.

Will CHPAs assist in the development of all types of provider networks (AHPs) or just those which meet the preferences of state regulators? Because consumers may prefer, or conditions may require, development of more innovative delivery models than managed care or managed competition, the FMA is concerned that CHPAs will seek to develop only AHPs which involve managed care.

As mentioned earlier, the FMA is concerned about the techniques being considered by AHCA to "recover savings" in order to increase health insurance coverage. We believe the private sector will most efficiently allocate any savings which may result from this plan. The sources and uses of funds within the private sector should not be influenced or managed by government agencies. However, we encourage the AHCA to direct any government health care program savings to appropriately serve the health needs of the indigent. ■

## QUESTIONS OR CONCERNS?

**REMINDER FOR EMC BILLERS:** Unlisted procedure codes will be rejected if submitted electronically. These codes must be submitted as a paper claim.

Providers are encouraged to refer to all available resource materials for specific procedure coding instructions and claims filing information. Blue Cross and Blue Shield of Florida's reference materials include the *Florida Health Care Times* and special bulletins. Medicare Part B's reference materials include the *Medicare Part B Update*, special and specialty bulletins and *A Guide to Medicare Part B*, which contains alpha-numeric procedure codes. However, if the information needed cannot be found in any of the reference materials, you may contact either Medicare Part B or Blue Cross and Blue Shield of Florida.

**MEDICARE PART B OF FLORIDA** - If you have any questions about coding, please call the Medicare Part B Provider Customer Service Department at: (904)634-4994.

**BLUE CROSS AND BLUE SHIELD OF FLORIDA** - Blue Cross and Blue Shield of Florida provides coding assistance to providers and their office staff to help with defining or assigning procedure and/or diagnosis codes. All requests must be submitted in writing by completing a Coding Assistance Request form. This form may be obtained by contacting your regional provider relations representative, or by writing to Blue Cross and Blue Shield of Florida Medical Affairs/Coding Assistance at the address listed below. Completed Coding Assistance Request Forms must also be mailed to this address: BLUE CROSS AND BLUE SHIELD OF FLORIDA, MEDICAL AFFAIRS/CODING ASSISTANCE, P.O. BOX 1798, JACKSONVILLE, FL 32231. ■

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## NEW MEMBER APPLICANTS

## Application For Membership

Active members are requested to express to the Board of Censors or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

## MARK MATTHEW MANGANO, M.D.

Dr. Mangano was born in Irvington, N.J. He received his Degree from Boston University. He completed his internship at Beth Israel Hospital, Boston Mass. Dr. Mangano completed his residency and fellowship at Harvard Medical School, Boston, Mass. Dr. Mangano is a Pathologist with Seidenstein, Levine and Associates. ■



## DOUGLAS D. HELDRETH, M.D.

Dr. Heldreth was born in Clarksburg, West Virginia. He graduated from West Virginia University in 1985. His internship was completed at the Charleston Area Medical Center in Charleston, West Virginia. Dr. Heldreth completed his residency at the Orlando Regional Medical Center, Orlando, Fl. Dr. Heldreth practiced internal medicine in the Fort Myers area prior to becoming the full-time Medical Director at Hope Hospice. ■



## NILS MARCOS DIAZ, M.D.

Dr. Diaz was born in Miami, Florida. He received his medical degree from the University of Florida, Gainesville. He completed his internship at Washington University Medical Center, St. Louis, Missouri. Dr. Diaz completed residencies at Washington University Medical Center in St. Louis, Missouri and the University of South Florida, Tampa, Florida. Dr. Diaz is a Pathologist with Seidenstein, Levine & Assoc., PA. Dr. Diaz is married to Christina Diaz, M.D. ■



## PATRICK M. FLAHARTY, M.D.

Dr. Flaharty was born in Detroit, Michigan. He attended medical school at the University of Michigan, graduating in 1986. His internship was completed at the Wm. Beaumont Hospital in Royal Oak, MI. His residency was completed at Wills Eye Hospital, Philadelphia, Pa. Fellowships were at Wills Eye Hospital, Philadelphia, Pa and University of Utah, Salt Lake City, Utah. Dr. Flaharty specializes in Ophthalmology at the Eye Center of Florida. ■

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**WILL YOU BE A PART OF THE FUTURE OR  
WILL YOU BE MIA**

- ???) WHO IS IN CONTROL OF MEDICINE?  
A) You (physician) have all the patients, and you are still the doctor.
- ???) ARE WE LOOKING OUT FOR OUR PATIENTS WHO ARE OUR MOST VALUABLE ASSET?  
A) No one speaks louder for patients than physicians.
- ???) WHO ACTS AS THE PHYSICIAN ADVOCATE, WHO SPEAKS FOR THE DOCTOR?  
A) Organized medicine on a local, state, and national level have accepted this challenge. Constant action & reaction is needed in Tallahassee and Washington.
- ???) HOW MANY TIMES WILL YOU PERSONALLY APPEAR BEFORE THE LEGISLATOR TO SPEAK FOR THE HOUSE OF MEDICINE?  
A) Only one tenth of our physicians will be active in politics.
- ???) WHO ARE THOSE OUT THERE THAT WOULD CONTROL MEDICINE?  
A) Government, Hospitals, Insurance Companies, Lawyers just to name a few.
- ???) WHO WILL PERSONALLY REPRESENT YOU AT THE NEGOTIATION TABLE?  
A) Those who have been elected to work on your behalf are physicians, like yourself, taking time out of their practices. We need every member to be involved on the issue of health care reform.
- ???) WILL YOU MAKE A COMMITMENT TO BE A PART OF THE HOUSE OF MEDICINE, BE INFORMED ON ISSUES, ATTEND MEETINGS, SPEAK TO LEGISLATORS, PLAN OUR STRATEGY AND BE INVOLVED AT ALL LEVELS?  
A) We need members to work on a "Lee County Task Force for Health Care Reform"
- ???) WILL YOU DO YOUR PART?  
A) Don't be Missing In Action. Call the Medical Society today — 936-1645.
- YOUR CHOICES TODAY DETERMINE THE FUTURE OF MEDICINE. ■**

**VOLUNTEERISM - PAINT YOUR HEART OUT**

The Annual Paint Your Heart Out Lee County is gearing-up to beautify 60 or better homes in 1993.

The LCMS, OPTION CARE and several other volunteers have provided a team each year to participate in helping those in our community who can not help themselves.

On **Saturday, March 20, 1993**, we will again represent the medical community, come join us, call 936-1645 to sign up. Fun, fellowship, and a feeling of goodwill is guaranteed. ■

**CLASSIFIED ADS**

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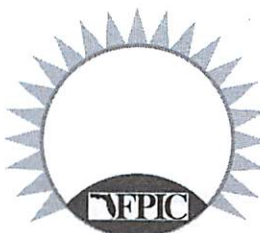
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**FEBRUARY MEDICAL  
SOCIETY MEETING**

Royal Palm Yacht Club  
**FEBRUARY 15, 1993**

Social Time: 6:30 p.m.  
Dinner Time: 7:00 p.m.

**SPEAKERS:**

JOHN S. FIFER, M.D.

Africa  
JAMES TAYLOR, D.O.

Haiti

**TOPIC:**

**"Jungle Medicine"**

**DINNER BY RESERVATIONS ONLY**

**CANCELLATIONS:**  
**By Noon, Monday**