LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 16, NO. 3

Fort Myers, Florida
Mary C. Blue, M.D., Editor

May, 1993

MAY MEETING

UPDATE ON DISASTER PLANNING IN LEE COUNTY

After Hurricane Andrew, we needed to re-think the way we prepare for a hurricane. Joseph Lemmons, D. O. and Steven West, M. D. Co-chair the Medical Disaster Committee for Lee County. They have attended several Disaster Preparedness Workshops in order to bring you up-to-date information. The Committee has been busy with setting up a plan to cover our hospitals, regular and medical shelters, and interacting with all agencies involved with hurricane preparedness.

John Wilson of the Emergency Operation Center is working on the Medical Shelters. He will share information you will need so you can be assured that your patients are admitted to these shelters when it becomes necessary.

Questions to consider:

1) Are you prepared to leave 30 hours before a hurricane hits?
2) Have you made arrangements for your family, home and office if you stay?
3) Have you selected the hospital you report to during or after a hurricane Level I-III? Will you stay at a hospital during a Level IV-V?
4) Do you know where, when and whom to report to?
5) Have your patients been advised to have at least a 3 week supply of medicine on hand?

This will be a very informative meeting and one you do not want to miss. ✦

MAY MEDICAL SOCIETY MEETING

Royal Palm Yacht Club

May 17, 1993

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

SPEAKER:
MEMBERS, MEDICAL DISASTER COMMITTEE

TOPIC:
"How Prepared Are You For A Hurricane"

DINNER BY RESERVATION ONLY

CANCELLATION:
By Noon, Monday

COST:
$18.60 Per Person

PHYSICIANS IN THE NEWS

Howard N. Barrow, M. D. has been certified as a Diplomate of the American Board of Otolaryngology. ✦

PHILLIP E. ANDREWS, M.D.

PRESIDENT'S MESSAGE

DAILY DOSAGE OF PRO

Dear Dr. Shagnosky,

This determination has been made by Florida Blue Cross/Blue Shield acting as a Peer Review Organization. (The regulations governing any appeal of this determination can be found at 42 C.P.R. Part 473.)

The Florida Peer Review Organization is required by the above health care payer (BC/BS) to apply the generic quality screens to each case retrospectively reviewed to evaluate the quality of care provided.

Following review of the medical record for the above case, the reviewing physician's comments regarding the generic screen variation(s) were:

This 81 year old patient was admitted with a diagnosis of Acute Aortic Dissection. It is noted in the record that the patient was loaded with Digoxin on 10/3/92 and then received 0.125 MG. PO QD. There is no evidence in the record that a Digoxin level was done prior to the patient's discharge from the hospital. Would not an initial Digoxin level helped in assessing the patient's daily Digoxin dosage?

The above was determined to be a potential quality concern and assigned a "tentative" severity level of 2, with the potential for significant adverse patient effects.

So what does this really mean to Dr. "Shagnosky"? I had to stop and review the rules. A "1" means there may have been an opportunity for the management to be improved - no contact, just trend. A "2" is a more serious breach of management, the physician is required to furnish additional information - 0 to 5 points. A "3" provides an automatic 5 points for severe mismanagement and requires educational courses and hospitals must provide information on all admissions and operative procedures. Level 4 involves gross mismanagement with death, 25 points. Medicare privileges are curtailed for a period of time.

Obviously serious stuff. We all have known and been concerned about PRO activities but during its recent inactivity (because of the abrupt change in management) it has been easy to put it on the back burner. Well, the PRO is Alive and Well and reviewing lots of charts. Who after all does the reviews? They are initially done by nurses, then physicians. HOWEVER — there may not be any relationship between the specialty of the reviewer and the specialty of the physician being reviewed. A few specialties are poorly represented and sub-specialties are not necessarily matched up.

The above cited case was an actual case in Lee County. It would have been most convenient if the reviewer had been an up-to-date cardiologist. Had that been the case, the cardiologist in this case probably would never have had to bother with reviewing the record, writing a reply and wondering if that reply would fall on educated ears.

PRO review work pays $58.00 an hour. Not a dollar amount that you would stand in line for. At least now the PRO will send the box of charts to your office instead of your making a trip to Tampa or Miami. PRO is here — it is not going away — if anything, the review process will probably become more strict. The only way we can protect ourselves is to become reviewers. That is the only way to assure quality and accurate review within specialty groups. The more a community is represented, the more input into the review process guidelines. We gain "the serene cofidence of a Christian with four aces....." Mark Twain.

Blue Cross/Blue Shield will cease as director of PRO activities as of 1 January 1994. Several entities including the FMA are bidding for the job. Wish us luck! ✦

SOCIETY WINS RECOGNITION SENIOR CARD CARE PROGRAM

The Lee County Medical Society was nominated for the **OUTSTANDING COMMUNITY SERVICE: HEALTH AWARD** presented by The Association of Provider Organizations and the Voluntary Action Center.

The nomination was for our **Senior Care Card Program** indicating that we had contributed in a significant way to the life of residents in Lee County. We have issued 884 Senior Care Cards to citizens in Lee County.

A distinctive certificate recognizing our contributions to the community will be presented at a luncheon on April 29, 1992. ✦

"DR. JOHN"

The Patient

The free magazines, from time to time, print articles describing doctors' experiences as patients, and how it always gives them fresh insights and makes them resolve to be better, more caring physicians.

One related how his doctor never really said anything. As a result, he allots ten minutes to explain 120/80.

One was troubled when her doctor never spoke to the family. As a result, she sends singing telegrams to report a bowel movement.

Another learned the hard way that kidney stones **really** hurt, and now orders industrial doses of morphine, rather than "Darvocet, prn."

These stories generally conclude that every doctor should be a patient once, and I believe the true crux of patienthood lies elsewhere. I really was a patient, NG tube and all. The radiologist said I had cancer of the pancreas, but I didn't mind — I was well the day before. My doctor told me he was off tomorrow, but I didn't mind — I write the schedule. My gastroenterologist said I wouldn't even remember endoscopy, but I didn't mind — I wasn't going to have it.

The first bad thing is you have to be "assessed" by a nurse every day. You may have seen that in the chart and wondered what it means (I did). It includes an abdominal palpation with fairy fingers that would not have noted a storage battery in my peritoneal cavity, and a note that I have bowel sounds in all quadrants. Nurses think the abdomen is divided by aluminum partitions that do not transmit sound from the adjacent quadrant.

Being a physicians's nurse must be unpleasant, so I didn't complain or criticize.

The really, really bad feature of patienthood is the ride to anywhere on a gurney. If you lie on your back and look up, you get vertical nystagmus from looking at the little holes in the acoustical tile. If you keep your eyes closed, the lurching ride is terrifying. If you lie on your side, you soon feel a breeze on your butt and wonder if the laughter you hear is directed your way.

This experience made me a better doctor, all right. I just tell my patients they are going to die, so we won't waste any money on procedures. And I give them Darvocet, prn. ✦

John R. Agnew, M.D.

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. ✦

LEE COUNTY MEDICAL SOCIETY BULLETIN
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Fort Myers, Florida 33901
Phone (813) 936-1645
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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.

MEDICAL TERMINOLOGY FOR THE LAYMAN

Artery - the study of fine paintings
Barium - what to do when CPR fails
Caesarean Section - a district in Rome
Colic - a sheep-dog
Coma - A punctuation mark
Congenital - friendly
Dilate - to live longer
Fester - quicker
G.I. Series - baseball series between teams of soldiers
Grippe - a suitcase
Hang-Nail - a coat-hook
Medical Staff - a doctor's cane
Minor Operation - coal digging
Morbid - a higher offer
Nitrate - lower than the day rate
Node - was aware of
Organic - musical
Post-Operative - a letter carrier
Protein - in favor of young people
Secretion - hiding anything
Serology - study of English Knighthood
Tablet - a small table
Tumor - an extra pair
Urine - opposite of "you're out"
Varicose Veins - veins which are very close

DON'T FORGET MOM ON MOTHERS DAY SUNDAY, MAY 9th!

HAVE A HAPPY AND SAFE MEMORIAL DAY!

THE BULLETIN DEADLINE IS THE 15TH OF EACH MONTH. PLEASE SEND YOUR COMMENTS OR ARTICLES TO THE MEDICAL SOCIETY. ✦

MEDICAL SOCIETY ENDORSES THE SALVATION ARMY PRIMARY CARE CLINIC FOR THE HOMELESS

This "grass roots" outreach project, envisioned and endorsed by the Lee County Medical Society, is now operational every Tuesday evening.

Physicians, nurses, medical supply companies, community laboratories, and providers of X-ray procedures all donate time, goods and services needed by this Primary Care Clinic. The community support has been heartening.

Almost a full year ago Drs. Bob Brueck and Valerie Moore, brought a new dream, a solution to the rising health care costs and limited access to medical care for the ever increasing homeless population: *A Free Clinic for the Homeless*, to be housed and administered by the Salvation Army, already demonstrating an excellent track record in providing services for the homeless in our community.

The Clinic saw its first patients March 17, 1993 with Dr. Austin Aardema, Medical Director of the Clinic, providing medical care. Each week the Clinic is served by one of the volunteer physicians who have agreed to participate. Those who have served in the Clinic to date: Drs. Bruce Lipschutz, Michael Bell and Joseph Howard, have found the experience to be gratifying as well as enlightening.

RECRUITMENT FOR PHYSICIAN VOLUNTEERS IS UNDERWAY NOW!

How would you paint a picture of the homeless? In these troubled times the picture is one of families, men and women once highly respected, working, members of our community. The picture is one of people graciously and gratefully accepting the caring offered by all who serve in the Salvation Army Primary Care Clinic.

You are invited to stop by the Red Shield Lodge, 2400 Edison/corner of Central and Edison for a tour of the Clinic facilities. Call us to set up an appointment.

It is vital for the success of the Clinic to build a strong physician base. Dale Milhauser RN, Clinic Coordinator, encourages you to join the Clinic Team. **To volunteer call the Salvation Army at 334-3745. ✦**

FLORIDA SURGICAL CARE RULE UPHELD

The First District Court of Appeal has upheld the Florida Board of Medicine's surgical care rule regarding a surgeon's pre- and postoperative professional duties. The decision affirms a state administrative hearing officer's ruling following extensive legal proceedings held during 1992. The Board of Medicine began consideration of this ruling in 1987 when it determined that not all surgeons were following the prevailing standards of pre- and postoperative care in Florida.

The duties imposed by the rule included the responsibility of the operating surgeon (a) to diagnose medical and surgical problems; (b) to explain surgical procedures and obtain informed consent of the patient; and (c) to manage the patient's postsurgical care through either direct provision of his or her discretionary postoperative activities, delegation of such activities to equivalently trained physicians, or delegation of such activities to some other health care practitioner, provided that the other practitioner is properly supervised by the operating or equivalently trained surgeon.

The rule was vigorously opposed by the Florida Optometric Association and individual optometrists who claimed that the rule unreasonably restricted their right to "co-manage." Anyone wishing to obtain a copy of the order should contact the FMA Legal Department. ✦

TREATING JEHOVAH'S WITNESSES: ARE YOUR HANDS REALLY TIED?

"I'm one of Jehovah's Witnesses and I won't take blood". For some, those words may conjure up an image of a religious fanatic with an apparent wish to die. Some physicians may feel their hands are being tied in providing treatment. But in reality neither circumstance is the case.

While many physicians may confuse Jehovah's Witnesses with religions that refuse all medical treatment, the truth is Jehovah's Witnesses want the very best in medical care. They simply refuse homologous blood. Acceptance of minor blood fractions, such as albumin and immune globulins, is a conscience matter left to each Witness patient to decide.

Jehovah's Wintesses refusal of blood is a deeply held religious conviction based on the scriptural injunction to "abstain from blood" (Acts 15:28, 29). In their view, forcing blood on a Witness patient is the moral equivalent to rape.

But does their refusal to accept blood tie the physician's hands in his efforts to provide effective care? Consider the following: "Blood components are rarely either necessary or suitable as the initial fluid of choice in a resuscitative effort; their use is associated with serious risks and immediate complications, as well as long-term risks of transfusion-transmitted viral diseases." (Annals of Emergency medicine, March, 1988)

"In health care facilities, all reasonable strategies to avoid homologous transfusion should be implemented." (Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, June, 1988).

In harmony with this, there are 10 health care facilities in the United States that have implemented bloodless medicine and surgery programs. Another dozen such programs are in development. Clearly, "reasonable strategies" are available and routinely being used.

"An absolutely essential component of a bloodless surgery program is the willingness to accept a lower transfusion trigger...Our previous work has shown that patients can safely undergo elective operations with preoperative hemoglobin levels as low as 6 gm/dl." (Vascular Surgery, Dec. 1992).

"EPO (Erythropoietin) shows considerable promise as a pharmacologic alternative to homologous blood transfusion in the surgical patient." (Transfusion Medicine Reviews, Oct., 1990).

Many more alternatives are documented in hundreds of medical journals. Nonblood medical management for the Witness patient, and others who object to blood transfusions for sound medical reasons, is readily available and practical.

New technology, new techniques, new pharmaceutical agents, along with open minds have presented many medical alternatives to transfusions. If you desire more information from the respected medical literature or are interested in treating Jehovah's Witnesses, please contact the Fort Myers Hospital Liaison Committee for Jehovah's Witnesses at 936-7836. If you wish, your name will be added to our confidential referral list of cooperating physicians. *By Patrick Comer, Fort Myers Hospital Liaison Committee For Jehovah's Witnesses.* ✦

THE QUESTION MAN

OPINIONS - EDITORIALS LETTERS TO THE EDITOR
John W. Snead, M. D.

"How Should Health Care Reform Be Financed"?

"The use of medical IRAs to finance the first $3000 or so of medical expenses should be a cornerstone in financing Health Care Reform. This mechanism could provide a crucial saving grace from a financial standpoint for the program whatever its other elements may be."

Bruce C. Bacon, M. D.
General/Vasular Surgery

"I feel that people who knowingly take steps to increase their health care costs should foot more of the health care bill, while those who take steps to prevent medical problems should not have to carry the burden of high risk population. Consequently, "sin" taxes on alcohol, cigarettes and even motorcycles seem to be the most appropriate solution."

Jonathan M. Frantz, M. D.
Ophthalmology

"A combination of "health" tax, i.e., on tobacco products and alcoholic beverages, plus an across-the-board national sales tax."

Ronica Kluge, M. D.
Internal Medicine/Infectious Disease

"To facilitate the little bit of health care reform needed, taxes on cigarettes and alcohol should be utilized to finance the changes."

Stephen R. Liftig, M. D.
Pediatrics

NEXT MONTH'S QUESTION:

"DO YOU THINK THE SOLO PRACTITIONER IS A DEAD DUCK? WHY?

Send your comments to the Medical Society. *Bulletin deadline is the 15th of each month... we want to see you in the print media!* ✦

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.

Brenda L. Keefer, M.D. was born in Paintsville, KY. She graduated from the University of Kentucky College of Medicine. Her Internship and Residency were also completed at the University of Kentucky College of Medicine in Lexington. Dr. Keefer is Board Certified in Psychiatry and Neurology, specializing in adult psychiatry at 3660 Central Avenue, Suite 2 in Fort Myers. ✦

FMA MONITORS AND WORKS FOR YOU IN 1993 LEGISLATURE

Florida Medical Association and grassroots efforts made a difference on Health Care Reform and the following:

Other Key Issues in the 1993 Session

1. **Repeal** of the onerous $2 physician markup cap on laboratory services conducted by physicians. This cap was a part of last year's Joint Ventures legislation.
2. **Repeal** of the radiation therapy fee schedule which was part of last year's Joint Ventures legislation.
3. **Passage** of HB 1293, bankruptcy legislation which would only permit garnishment of an individual's wages when the individual had agreed to such proceedings in writing. This amendment would, in effect, limit the bill to commercial debt rather than covering matters such as civil lawsuits which might impact on physicians.
4. **Passage** of HB 2071, a clinical laboratory bill which places regulation of individual physician laboratories under the CLIA 88 Federal guidelines, while regulation of hospital and independent laboratories is under the more restrictive state statutes.
5. **Repeal** of the $55 permitting fee for biomedical waste.
6. **Defeat** of HB 923 and HB 925, bills which would have given optometrists privileges in HMOs and hospitals respectively.
7. **Defeat** of a bill to require a certificate of need for ambulatory surgical centers, imaging and lithotripsy centers.
8. **Defeat** of the Therapeutic Alternative bill (SB 1544) which would have allowed pharmacists to make therapeutic substitutions for physician prescriptions if verbally authorized by a physician.
9. **Defeat** of SB 896, HB 681 and HB 1591, which would have prohibited physicians *from referring patients to any hospital in which they had a financial interest.*
10. **Legislative appropriation** of $4.6 million for the CHEC residency training program after the program was completely killed in the early days of the session.
11. **Passage** of the "Florida Animal Enterprise Protection Act" which makes damage or disruption to a laboratory or other "animal enterprise" a felony.

Now Is The Time To Pay Your 1993 Dues! Help organized medicine look out for your interests when you cannot be there. We need to make a change in the next elections. You can help by joining FLAMPAC this year. ✦

FMA'S COMMITTEE ON PRO

In 1990, the old peer review organization for the state of Florida, the Professional Foundation for Health Care, Inc., ceased operation. The Health Care Financing Administration awarded an interim PRO contract to Blue Cross/Blue Shield of Florida, Inc. (BC/BS), to perform Medicare peer review for the remaining time left in the contract period. BC/BS was chosen for the interim contract because, as the Medicare carrier in the state, they were the only available entity with computer and personnel capabilities that could get the peer review organization running within any kind of expedient time frame. BC/BS required several months to initialize their peer review organization, known simply as Peer Review Organization (PRO). The Blue Cross PRO is now reviewing charts and sending letters of potential quality concern. The letters will be sent under BC/BS Peer Review Organization letterhead. The following points illustrate the peer review process and the FMA's Committee on Peer Review organizations grievance process:

- The PRO utilizes a generic quality screen to identify cases of **potential** quality concern. A letter is then sent to the treating physician. The physician is then requested to submit additional information on the case to explain the reasons the care in question was provided.
- Upon the response of the physician, a majority of cases are discontinued and the PRO ceases further action.
- Other cases will result in the PRO forwarding to the physician a letter of confirmed quality concern. Along with this letter, the PRO will inform the physician of the level assigned to the quality issues. Following receipt of the final PRO determination, if the physician feels their case has not been fairly evaluated by the *PRO, they then may ask the FMA's Committee on Peer Review Organizations to review the case informally.*
- If the FMA's PRO Committee finds that they are in agreement with the physician that there should be no confirmed quality issue involved in the case, they will discuss the issue with the PRO.

The FMA is pleased to provide this service to its members. When the Professional Fund for Health Care held the PRO contract, approximately fifty percent of the cases reviewed by the FMA were reconsidered with favorable results. However, please keep in mind that the most effective course of action is for the physician involved to submit a timely and **complete** response to the letter of potential concern.

Patrick W. Kennedy
Assistant Director
Department of Medical Economics ✦

FIRST STUDENT MINI INTERNSHIP APRIL 13, 1993

Hetty Z. Snyderman, D. O., Chairman of the LCMS Mini-Internship Program and Mrs. Nancy DeShazo, Occupational Specialist, Riverdale High School worked to bring students and physicians together to share a day of what goes on in the medical profession.

The following students participated: *Jessica Conti, Jeff Melvin, Rodney Gilbert, Steve McIntyre, Yazmine Maldonado and Angela Holbrook.* Each student felt they would pursue a career in health care and a couple indicated that they were interested in becoming a physician.

A big "thank you" to the following physicians who helped our students have a very memorable day: *Drs. T. T. Knight, Ralph Gregg, Jeffrey Lewis, H. P. Dansby, Joseph D. Lemmons and Edward Salko.*

Lee Memorial Hospital served as our host for dinner and Mr. Jim Nathan presented the students with a magic carpet ride from 750 AD to the 20th century on hospitals and health care. The students then toured the HealthPark Complex.

Dear Lee County Medical Society Members,

I just wanted to let you know how thrilled I was that my counselees were afforded the opportunity to participate in the Mini-internship program. Over the years I have arranged innumerable "shadow" days, so I realize the amount of time and effort involved. And, although I have arranged visits with physicians in the past, it has always been difficult working out the logistics. Your assistance in spearheading this event was very much appreciated.

Each student who participated in the internship is still very much enthused about entering some kind of health-related field and all are looking forward to shadowing more health professionals. Thank you again for your part in helping light that little "candle" of inspiration!

Sincerely,

Nancy

Nancy DeShazo
Occupational Specialist
Riverdale High School ✦

FLORIDA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION

Lynn Dickinson, Executive Director, (904) 488-8191.

Innovative Program Reduces Health Costs

In an effort to limit future assessment increases to Florida's physicians and hospitals to fund the Florida Birth-related Neurological Injury Compensation Association (NICA), Representative John Thrasher (R. Orange Park) spearheaded the passage of cost containing legislation.

The bill shortened the statute of limitations from seven to five years for claims and transferred all claims hearings to the Division of Administrative Hearings.

"The purpose of the bill is to enable NICA to reduce attorneys' fees and other administrative costs associated with the Workman's Compensation system. This will reduce costs in the claims process and ensure that eligible babies will not be delayed in the process," according to Lynn Dickinson, Executive Director of NICA.

Representative Thrasher elaborated, "The intention of the bill was intended to keep the NICA program on a sound actuarial basis. From the long-term perspective, it gives NICA a predictor for future costs. Since the program is currently funded by hospitals and physicians, hopefully, there won't be a need for assessments which would be passed on to the health care consumer."

Representative Thrasher's bill was assisted in the Senate by Senator Ron Silver (D. North Miami Beach).

The Florida Birth-related Neurological Injury Compensation Association is a component of trail-blazing medical malpractice reform legislation passed by the Florida Legislature in 1988 as part of a nonadversary, no-fault approach to address birth-related neurological injuries. ✦

CONTINUING MEDICAL EDUCATION

Lee Memorial Hospital Auditorium Every Thursday 12:30 p.m.-1:30 p.m.

May, 6 — *"Ambiguous Genitalia: Unisex Disorders"*, Craig Sweet, M. D.

May 13 — *"Anxiety Disorders"*, Donald Pollack, M. D.

May 20 — *"Novel Approaches to Management of Brain Tumors"*, Mark Werner, M. D.

May 27 — *"Joint Cancer Conference"*, Michael Katin, M. D. ✦

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AMA HEALTH POLICY BRIEFS

COST CONTROL STRATEGIES

Health care spending must be brought under control. The crucial question is *how.* Some health system reform proposals call for global budgets that cap how much can be spent on caring for patients. The physicians of the American Medical Association (AMA) reject global budgets as bad for patients. We believe that costs are best controlled by attacking the *causes* of spending increases.

AMA COST CONTROLS SAVE $120 BILLION OVER 5 YEARS

Tax Incentives - Remove incentives to overinsure by capping employer tax deductions and by providing rebates for employees who choose economical coverage. Allow tax deductions for all out-of pocket health expenses. Permit tax-deductible contributions to health IRAs. (*Savings:* $43.7 billion); **Insurance Reform -** Require insurers to offer less expensive basic coverage. Eliminate preexisting condition limits and premiums based on claims so insurers spend less money on marketing and risk avoidance techniques. (*Savings:* $24.9 billion); **Practice Parameters and Liability Reform -** Use guidelines to help assure that health dollars are spent on appropriate care. Eliminate spending for unnecessary "defensive" health services that protect against lawsuits but are of only marginal benefit. (*Savings:* $34.6 billion); **Curb Administrative Costs -** Uniform claim forms, standardized utilization review procedures, and electronic billing will reduce health dollars spent on processing of paperwork. (*Savings:* $7.8 billion); **Cost Consciousness and Competition -** Take into account cost when making a choice of treatment. Patients know the cost of treatment and how much insurance will pay before they choose their care. Insurers and providers offer competitive prices. (*Savings:* $9 billion). Source: *Lewin-ICF Study, 1992.*

GLOBAL BUDGETS LIMIT SPENDING
BUT IGNORE CAUSES AND INCREASE PROBLEMS

Only Symptoms Addressed - Global budgets ignore underlying causes of spending increases; **Administrative Burdens Increased -** Under global budgets, more health dollars are spent on paperwork related to establishing and complying with spending caps. Global budgets require government agencies to collect data, establish budget limits and regulations, and monitor complaints and compliance; **Rationing -** Global budgets block patient access to care when limits are reached — even when patients are able to pay for their care; **Incomplete Plans -** Global budget proposals do not specify how limits are set, who the limits apply to, or how budgets would adjust to changing health care needs, e.g., national disasters, new diseases like AIDS, increases in number of elderly; **Arbitrary Limits -** Global budgets set limits despite there being no reliable way to determine the right spending level; **Unpredictable Consequences -** Global budgets would create unknown, far reaching effects on a part of the economy that is bigger than the automotive, aerospace, and computer manufacturing sectors combined. ✦

Address Change? New Telephone #? Moving? Retiring? Transferring?

Please advise the Medical Society Office of any changes to make regarding your office or membership status.
Our referral information is only as good as you make it!
Please advise the Society Office. ✦

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MAY MEDICAL SOCIETY MEETING
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SPEAKERS:
MEMBERS, MEDICAL DISASTER COMMITTEE
TOPIC:
"How Prepared Are You For A Hurricane"
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