

## MARCH 21st GENERAL MEMBERSHIP MEETING

### "Health Care Reform & The Future of Medical Practice"



**Arnold S. Relman, M.D.**

Dr. Relman is Professor of Medicine and Social Medicine, Harvard Medical School and Editor-in-Chief Emeritus, *The New England Journal of Medicine*. Dr. Relman has been interviewed and quoted in many well known newspapers throughout the country including the *Wall Street Journal* and the *AMA News*. In 1993 he was asked to serve with the Health Professionals Review Group by The White House.

Social Time - 6:30 p.m.

**SPECIAL GUEST -- JEB BUSH**, Republican Candidate

For The Florida Gubernatorial Race will be with us. Find out how he stands on health care and other issues.

Dinner/Program - 7:00 p.m.

## MARCH MEDICAL SOCIETY MEETING

Royal Palm Yacht Club

March 21, 1994

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

### SPEAKER:

**ARNOLD S. RELMAN, M.D.**

**EDITOR-IN-CHIEF EMERITUS**

*"The New England Journal of Medicine"*

### TOPIC:

**"Health Reform & The Future of Medical Practice"**

*DINNER BY RESERVATION ONLY*

**CANCELLATIONS: By Noon, Monday**

### FUTURIST

**Thomas A. Edison, Inventor**

He died in 1931 not knowing that his health theory, "The Doctor of the future will give no medicine, but will interest his patients in the care of the human frame and in the cause of prevention of disease," would be the practice of the nineties. ♦

## "DR. JOHN"

### Retirement

I am about to retire ("and about time," some will say), and I find this milestone looming larger than anything I ever did, even selling my 1965 Mustang in 1973 for \$200.

My feelings are a mixture: anticipation and apprehension; I am tantalized and terrified. I haven't felt like this since starting my internship.

There are some things I will miss, to be sure. I will miss being a person. I already miss my income, and have since Medicare participation and RBRVS began two years ago. I will miss the very occasional satisfactions of Internal Medicine. I will miss my nice office people, and all the pretty ladies at the hospitals. I will miss tuna salad on pita bread.

There are more things I won't miss:

-- The call from the ER one minute after I go to bed (how do they do that?).

-- When the nurse calls requesting Lasix because "the rales are halfway up the chest" on a patient with pulmonary fibrosis, who hasn't had clear lungs in ten years.

-- The call one minute after coming on for the weekend. This is about a partner's patient, who has been in the ER for four hours; they didn't know her doctor's name. She bites. The family wants her admitted.

-- The patient who comes in fifteen minutes late for a twenty minute appointment with forty minutes' worth of problems plus an insurance form, his part left blank.

-- Being awakened at 3 a.m. to get a report of a potassium of 3.4 -- it was 2.8 the previous day. "Just thought you should know," she says. I know she laughs after hanging up.

-- A test ordered "for completeness." I don't even know what that means.

-- Blood gases for a patient with diverticulitis. Probably for completeness.

-- The switchboard operator who asks me to spell my name. MOUSE, I say. No laughter. Just like the Vice President, I say, being helpful. She doesn't recall that Vice President, she says.

-- When I respond to a page and the ward clerk says, "Do you know why we called you?"

-- When the cold front comes on Friday and I'm off for the weekend. Alice stays out of my way on those days. So does my cat.

That's not really a whole lot of things, considering my approach to life. And maybe I'll miss them just a little, after all.

Well, that's about it. Wish me luck, and thanks for listening. To those who have gone out of their way to tell me they enjoy this stuff, you are appreciated. The others can just keep sending letters to **Penthouse**.

(Music. "Who was that masked man?" "Beats me." Music fades.)

John R. Agnew, M.D. ♦

\* Editors Note: Say it isn't so! Can we negotiate a sabbatical a la Gary Trudeau? Can we make you a full time editor? If not, please accept our thanks for making us smile at the frustrations and joys of medicine. Your wisdom has you leaving while there are still a few joys.

J.D.

## PRESIDENT'S MESSAGE



**STEVEN R. WEST, M.D.**

### "The Prophets from Connecticut"

I have written to you about the prophets who are predicting the future of health care. We also have discussed the concept of proactivity and the importance of being proactive in this challenging time.

With Patrick's Word Master at the ready, I would like to tell you about my experience this month when I had the opportunity to meet two individuals who are both prophets and exemplify proactivity. Vincent J. Catrini, M.D. is a General Surgeon practicing in Connecticut. He is Chairman of the Board (All Physician Board) of the wholly physician owned and operated MD Enterprises of Connecticut Inc. The other gentleman is Douglas A. Hayward, who is President and CEO of MD Enterprises of Connecticut Inc.

Dr. Catrini is one of a group of physicians in Connecticut (now numbering about 4,500) who truly are prophets. In 1985, the Connecticut State Medical Society realized that physicians must become proactive. They believe that physicians are health care and without physician leadership the quality of medical care will decline. The State Medical Society also realized that managed health care was going to play a role in the future. Therefore, it made sense for physicians to step up to the task at hand and assume the rightful leadership position in managed care.

Connecticut, unlike Florida, is a small heavily industrialized state. In 1985, many of the home offices of the big insurance companies were in Connecticut. Therefore, the playing field was very competitive. Aetna, Cigna, Prudential and many others were all in the marketplace with their managed care products.

The physicians in Connecticut did not let the environment of the marketplace scare them

continued on page 2

**JUST ASK ME**  
**Wear Your Buttons -**  
**Discuss**  
**Health Care Reform**  
**With Your Patients**



LEE COUNTY MEDICAL  
SOCIETY BULLETIN3805 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 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.

THE  
QUESTION  
MANOPINIONS - EDITORIALS  
LETTERS TO THE EDITOR

John W. Snead, M.D.

"SHOULD HEALTH INSURANCE COVERAGE  
BE PROVIDED THROUGH EMPLOYERS OR  
THROUGH THE INDIVIDUAL?"John S. Flier, Jr.,  
M.D.,  
Orthopedic  
Surgery

"Employer provided insurance is a dangerous proposition, since it effectively removes the patient from exercising any control over their insurance. Therefore, the patient also loses all control of their Health Care."

Robert E.  
Newman, M.D.,  
Psychiatry

"I feel that decent quality health insurance should be included through employers of companies of a certain size and up. I also feel that individuals who need coverage have the opportunity to buy insurance by buying it through collective purchasing."

Manuel J. Mon,  
M.D.,  
Pediatrics

"It should be a cooperative effort since, frequently, things received for free are neither appreciated nor valued."

NEXT MONTH'S QUESTION  
"WHICH WOULD BE BETTER FOR DOCTORS  
- MANAGED CARE OR A SINGLE PAYOR  
HEALTH CARE SYSTEM?"

Send your comments to the Medical Society.

Bulletin deadline is the 15th of each month...  
we want to see you in the print media! ♦A MEDICAL INVESTIGATIVE REPORTER  
FOR THE WHITE HOUSE

I heard on the radio a report that President Clinton has pinkeye and that he has been treated with antibiotic drops by a White House nurse; our newspaper had little more to add to the story. This is rather scant information from a media that normally can maximize and dramatize the effects of a hang nail.

Being of sound conservative mind, my immediate reaction to this news is to wonder what is not being asked or reported. When Presidents Reagan and Bush were in office, their medical maladies were reported in nauseating detail. I have seen no evidence that the press may have developed discretion, courtesy, judgement or tact in the interim. So where is the pertinent information?

As a former medical officer in Her Majesty's Navy, I used to see a lot of conjunctivitis in adult males. In every instance, the immediate reaction was to have the patient assume the knee chest position to permit a prostatic massage in the hopes of expressing a tiny specimen through the twenty-first digit onto a microscope slide in an effort to secure a diagnosis. In those days we felt that gonorrhea was the cause of most of the conjunctivitis in adult males; we didn't know about chlamydia back then. If we did not see gram negative intracellular diplococci on the stained slide, we diagnosed "Reiter's Syndrome," hence the evolution of the cynical expression "it is better to have Writer's Cramp than Reiter's Syndrome."

Most of us take cultures of infections when we can. Where are the results of the cultures, both bacterial and viral? How can we pass judgement on the President's care and prognosis without this information? The list of possible etiologic agents goes on and on, and include Herpes Simplex types I and II, Pseudomonas, measles, H. influenzae, Streptococcus, diphtheria, chickenpox, scrub typhus, Staphylococcus, Rocky Mountain spotted fever, adenoviruses, West Nile fever and many others. Maybe the nurse didn't do a culture as they hadn't yet received their CLIA Certificate. We wouldn't want to upset Pete Stark, would we?

This case points to a number of public health issues that should be explored by our ever vigilant media. Does anyone in the White House, at McDonald's, along the jogging route or in the Cabinet have a similar affliction or one that may be related? Does anyone nearby have swollen joints? What would be the implications if the President of the United States was found to have a reportable disease? Who would trace the contacts, the National Parks Health Department?

Why was he treated by a nurse rather than by the legion of physicians that seems to hover around each president? Is this a statement that we need to get used to having nurses as the primary level of health care or was there concern that too much investigation would be politically embarrassing? It is hard to send Hillary out to deny a positive culture report or for the President to say "Ah got it off a toilet seat" in front of a press corps used to hanging around toilet seats.

What happens if we have a treatment failure or a complication? We will then need to know what ointment or drops was prescribed and was it appropriate. Who was the manufacturer of the drug and were they criticized by Hillary in the past? Was this medicine selected on the basis of cost or efficacy? Does Hillary own stock in that company or is this one she sold short?

Does the President have coverage for this illness or was this a pre-existing condition? Given the reports of troopers, Flowers et al, he may not have been covered and chose the nurse as the least expensive alternative.

Like everyone else in Washington, was this nurse one of Hillary's appointments? (Heard in Washington: Appointments to the Administration are so slow because Hillary ran out of friends so quickly.) Is this nurse a relative? That was enough reason to reorganize the travel office. Is the nurse male or female and is the Nursing Department "Gender Balanced"? Has that nurse instituted a program of prevention so as not to have the President consume valuable health care resources in the future? In the Navy, we used the quartermaster to dispense our prevention to the sailors at the gangway when they went ashore.

So many unanswered questions. None of these pressing national concerns is being addressed by the main stream media. As the health care debate continues, we must have representation in the White House Press Corps. I nominate me: I can ask the tough, rude, tactless questions and interrupt speakers with the best of them. And I don't need a toupee like my liberal namesake, just a little coloring.

John D. Donaldson, M.D. ♦

## LEE COUNTY MEDICAL SOCIETY ALLIANCE NEWS

Jackie Sharkey, Corresponding Secretary

Days at the capital, a FMAA legislative program will be held in Tallahassee in March. This three day event is an intensive training session focusing on legislation. Alliance members are recognized as a valuable resource in lobbying legislators and educating the public on medicine's goals for healthcare reform. The alliance will be represented by several Lee County members. The skills they acquire will be educational experience to offer positive direction to law makers for proposals and decisions based on facts.

The annual Doctors Day Picnic will be held at Lakes Park on March 6th. Bring your family, friends and appetite. Rib City will be catering the picnic, and there will be games and prizes for kids of all ages.

The 11th annual Charity Ball preparations are well under way. Save the date cards have already been sent out and invitations will be mailed out soon. We encourage all physicians and their friends to attend the ball. Committee members have been very busy the past few months with ball plans, and this year's ball promises to be spectacular. Your individual or group contribution is going directly to the Ronald McDonald House and our mini-grant program for local charities. We would like to show Lee County that the medical community is a united force taking responsibility for making Southwest Florida a better place for all.

The nominating committee has met to select its recommendation for the 1994/1995 board members. The recommendations are:

President:	Kerry Pry
Vice President:	Mary Jane Harris
President Elect:	Sherri Zucker
Treasurer:	Nancy Barrow
Recording Secretary:	Debbie Bretton
Corresponding Sec:	Jackie Sharkey

## PRESIDENTS MESSAGE CONT.

off. They knew the simple facts which were true in Connecticut in 1985 and they are probably true in Connecticut and Florida today. Physicians know more about health care delivery (physicians and patients) than the insurance companies of the world. Insurance companies of the world know more about "insurance." Armed with these two simple facts, the physicians organized themselves into an IPA. They then capitalized an HMO. At this point, they hired the insurance expertise to run this newly capitalized health insurance company (HMO).

This combination of physician and insurance expertise has been successful. Like the other physician owned and operated delivery systems on the West Coast, this animal has been the aggressor and the predator in Connecticut. It has the largest share of the managed care business in Connecticut at this time. It is no longer competing against the big insurance companies; they have been driven from the market. The primary competitor is Blue Cross/Blue Shield. The physician owned organization has been the innovator in managed care. Many of its ideas have been emulated and copied by other insurance companies.

These gentlemen predicted that the time is right for the physicians of Florida to form an IPA. Following the IPA, they recommend that we capitalize and form a HMO. They estimated for the state of Florida that this would require at least 10,000 physicians and 30 to 50 million dollars in capital. The investment should not be based on the economics of return on investment, but should be made with the idea of shaping and controlling the future of health care in Florida. It's most important that physicians set the standard for which other HMO's and CHPA's in Florida must meet.

Dr. Catrini and Mr. Hayward predicted that this would not be done easily. There would be political battles between the regions of the state, FMA and the individual physicians at the local level. These small altercations should not be allowed to get in the way of creating a physician owned and operated HMO and health care delivery system.

They predict that hospitals will continue to consolidate and close. They will continue their decline in importance and most care will be done in outpatient facilities, physician's offices, clinics and by home health organizations. A HMO certainly can help organize, run, own and operate such organizations and facilities. Hospitals will become small intensive units for only the very sick. Big hospital chains will have to link up with insurance companies, HMO's, and large physicians' groups in order to survive.

Why have they been successful in Connecticut? When asked this question the answer is as follows: they understand the delivery of health care better than their competitors; the product that they offer to the patients is better than the competitor; they are the only statewide HMO; patients have open access to their doctors; there are no gatekeepers; there is no capitation; there is true patient choice; patients are not assigned a physician; it is the only plan that cares about keeping physicians happy and satisfied; physician reimbursement is higher than their competitors; the utilization, quality assurance, and medical information systems are better than their competitors; churning the system is avoided by the active role physicians play. Because physicians understand utilization, practice parameters, and outcomes better than insurance companies, they have simply been more successful.

The opportunity is ours if we choose to take it. The FMA leadership and many physicians in Florida have taken the first steps to form the Florida Independent Physicians Association. The formation of a physician owned HMO is underway. I urge you to become proactive and join the Florida Independent Physicians Association. ♦

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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.

MARCIA M. FAULKNER, M.D.

Dr. Faulkner was born in Kansas City, Kansas. She graduated from the University of Kansas School of Medicine in May 1989. Internship: Tucson Hospitals Medical Education Program; Residency: University of Arizona Health Sciences Center. Dr. Faulkner is practicing Anesthesiology with Southwest Florida Institute of Ambulatory Surgery, 3700 Central Avenue, Fort Myers. ♦



JOHN DAVID OSTERMAN, M.D.



Dr. Osterman was born in Toledo, Ohio. He graduated from the Sackler School of Medicine, Ramat Aviv, Israel in 1987. Prior to attending medical school, Dr. Osterman traveled in Africa ('75/'76) and spent several years ('76/'81) in Israel, spending one of them in a Kibbutz. An Internship was completed at Ichilov Hospital, Tel Aviv, Israel and his Residency was completed at Pediatrics-Phoenix Hospital, Phoenix, Arizona. Fellowships: Pediatric Neurology, University of California, San Diego, California; NeuroRehab, Children's Hospital & Health Center, Sharp Memorial Hospital, San Diego Hospital, California.

Dr. Osterman is a Pediatric Neurologist at Nemours Children's Clinic. He is certified by the American Board of Pediatrics. ♦

WILLIAM ALAN WIEN, D.O.

Dr. Wien was born in Philadelphia, PA. He graduated from the Philadelphia College of Osteopathic Medicine. Internship: Metropolitan Hospital, Parkview Division, Philadelphia, PA; Residency: Metropolitan Hospital, Parkview Division, Philadelphia, PA and Medical Center of Delaware, Wilmington, DE. Dr. Wien spent four years of active duty with the U.S. Air Force after his Internship. He was in private practice in Lee County for two years before joining the Cape Coral Family Physicians Association. ♦



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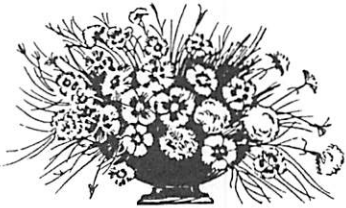
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TAIL INSURANCE RULE

On November 3, 1993, the Board of Medicine passed an emergency rule concerning tail insurance. The rule requires tail coverage for all physicians who have professional liability insurance and then choose to change carriers or choose to self-insure. The tail insurance must be for a period of two years.

Due to a large number of complaints concerning this rule and particularly the timing of the rule in relation to licensure renewals, the Board of Medicine has voted to modify implementation of the rule. For this biennium only, physicians may self-insure the required tail coverage. Physicians choosing this option must comply with the Medical Practice Act financial responsibility provisions on self-insurance (Section 458.320, F.S.). After this biennium, the two-year tail coverage may not be self-insured. This requirement applies only to physicians who choose to carry professional liability insurance and then change carriers or opt to practice without liability insurance. The provisions of the Medical Malpractice Act on financial responsibility remain the same. ♦

A BOUQUET TO OUR MEMBERS  
IN HONOR OF "NATIONAL DOCTORS DAY"  
MARCH 30, 1994



THANK YOU FOR SERVING YOUR PROFESSION

Doctor's Day began 58 years ago when Eudora B. Almond of Barrow County (GA) Medical Society Auxiliary suggested that her auxiliary set aside March 30 to recognize the contributions of local physicians. This date was selected because it was on that day in 1842 that Crawford W. Long, M.D., a Georgian, became the first physician to use ether anesthesia in surgery. ♦

CHPA's

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PHYSICIAN'S IN THE NEWS

Craig R. Sweet, M.D.; Reproductive Endocrinologist has passed the oral Obstetrical and Gynecology Boards now making him a **Certified Diplomate of the American Board of Obstetrics and Gynecology**. In addition, his thesis has now been published in the 1992 Year Book of Infertility. ♦

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**BEWARE OF NEW MEDICARE TRAP**  
JOHN S. BRUNO, M.D.

The article in the recent Medicare Part B Update Bulletin, volume six #6, November/December 1993, noted a change in Medicare policy which can have very significant consequences. The article is entitled, "Skin Biopsies and Destruction of Lesions." In this short article Medicare is outlining its new position regarding the treatment of skin lesions. Medicare is now taking the position that it is not covering treatment of lesions that is being performed for cosmetic purposes. This sounds very appropriate. The trap however is that if the lesion is excised and found to be benign and there is not ample documentation to indicate that there was concern of this being malignant, then review will be on a post payment basis.

In their usual wisdom, the recommendation is for appropriate documentation to justify the biopsy or removal of a skin lesion that would justify its being classified as noncosmetic. I warn you not to be caught in a position where you would be accused of fraud since the penalties can be quite severe.

I would suggest that if a patient presents for removal of a lesion that a written acknowledgement, signed by the patient, proving that the patient has been made aware of the fact that this is being removed for nontherapeutic or cosmetic purposes be signed by the patient and made part of the chart so that this would therefore eliminate the problem of confusion with Medicare since this particular treatment would not be sent to Medicare and the patient would have been made aware of their personal financial obligation for payment of this. I would recommend very strongly, so that there would not be any accusation of price gouging, that the patient not be charged any more for the treatment of these relatively small lesions than might have otherwise been billed to Medicare if it had not been cosmetic in nature. Unfortunately this is only leading to an additional amount of paperwork being required by the expanding bureaucracy. ♦

**FEBRUARY LCMS MINI-INTERNSHIP PROGRAM**



Seated: Phillip E. Andrews, M.D.; Linda Boorsma; Mary Campanaro; Kathy Kersnowski; Steven R. West, M.D.  
Second Row: T.T. (Sam) Knight, M.D.; Bruce J. Lipschutz, D.O.; Ronald J. Delans, M.D.; Charles Green; Richard M. Glasser, M.D.; Dan Moser; Felix R. Mestas, M.D.  
Not Pictured: Alan Penn.

**Comments:**

**Richard Ackert:** "I understand your feelings and commitment to your patients."  
**Kathy Kersnowski:** "Absolutely fascinating two days." "Physicians are concerned more with quality of care, rather than rushing the patient through the system."  
**Dan Moser:** "Reinforced the skill and dedication of the physicians."  
**Mary Campanaro:** "Most rewarding experience I've ever had." ♦

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**MARCH  
MEDICAL SOCIETY  
MEETING**

Royal Palm Yacht Club  
March 21, 1994  
Social Time: 6:30 p.m.  
Dinner Time: 7:00 p.m.

**SPEAKER:**  
ARNOLD S. RELMAN,  
M.D.  
Editor-In-Chief Emeritus

**TOPIC:**  
"Health Reform &  
The Future of  
Medical Practice"

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**CANCELLATIONS:**  
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