LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 18, NO. 5

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

September, 1994

SEPTEMBER MEDICAL SOCIETY MEETING

TOPIC:
"How To Adapt To Managed Care and Be Successful"

SPEAKER:
DR. FREDERIC PORCASE

Dr. Porcase is a practicing physician in Jacksonville and has been extensively involved with managed care and capitation. He is a fiery speaker who will challenge and motivate you to understand medical economics in this changing environment. ✦

SEPTEMBER MEDICAL SOCIETY MEETING

Royal Palm Yacht Club

September 19, 1994

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

SPEAKER:
DR. FREDERIC PORCASE

TOPIC:
"How To Adapt To Managed Care and Be Successful"

DINNER BY RESERVATION ONLY

CANCELLATIONS:
By Noon, Monday

When finished with this issue . . .
Pass it on to staff!

TO:	INITIALS:

PRESIDENT'S MESSAGE

STEVEN R. WEST, M.D.
"Maintaining Decorum"

As promised, this has been a challenging and exciting time for the physicians of Lee County. The changes in healthcare are coming very quickly and present us with many opportunities as well as many disappointments. The Medical Society this year has tried to provide you with ideas and information not only to help you to understand what may lie ahead, but what is also happening in our community now. We have asked each physician to become involved in the healthcare debate and educate themselves about the issues, to discuss the issues with their patients, encouraging their patients to participate in the debate as well. We have asked each physician to become involved in the upcoming election and to become involved in the legislative process by writing and calling on their elected officials.

Change presents opportunity. Change is also chaotic and oftentimes very threatening. The doctor-patient relationship is being threatened and intruded upon by third parties. This intrusion also threatens a physician's ability to make decisions regarding the care their patients will receive. This intrusion also threatens our own ability to practice our profession and our economic security. It is not surprising then that individuals faced with the perceived threatening ideas and concepts to their customs and cultures oftentimes react in a harsh and offensive manner.

The exchange of ideas and information (the healthcare debate) is too important to us as physicians and to our patients to allow it to become emotionalized and trivialized by personalities. We need to always maintain a mature and respectful discourse. When the discussion becomes too derisive, we must step back and try to maintain a sense of fairness, decorum, and most of all, a sense of humor.

If you need a good laugh during these times of trouble, you can always look at your current Medical Society President, a short white guy with glasses who has five kids, four of them quadruplets.

REVISION OF SOCIETY BY-LAWS

Our by-laws have not been revised since 1978. You will be receiving a copy of the changes by the Chairman, John W. Snead, M.D., and the Board of Governors.

Please take time to look over the changes and make your recommendations to the Society Office.

By-laws will be voted on at the October Meeting. Watch the Bulletin for this announcement.

A BOARD OF MEDICINE POTPOURRI

A recent meeting of the Board of Medicine gives some insight into what causes disciplinary problems for physicians - and how they are managed. **Here are a few highlights of the most recent Board of Medicine Meeting,** with a few reminders of how to stay out of disciplinary trouble:

(1) A retired physician was disciplined for writing prescriptions while his license was inactive. Even if failure to renew your license is an administrative oversight on your part, practicing medicine in any form - including administrative medicine - is practicing without a license. Make sure you pay your relicensure fees on time, and send your payment by certified mail!

(2) A physician whose license had been inactive for six years was denied reactivation until he passes the SPEX examination. Once a license has not been renewed, it becomes inactive. A physician can reactivate an inactive license without reexamination if the request comes within 4 years of active practice. Physicians who permit their Florida licenses to become inactive should be aware of the time restraints imposed on reactivation.

(3) A physician who was disciplined failed to report the action within 30 days. ANY disciplinary action on a medical license by ANY other state must be reported to the Board of Medicine, in writing, within 30 days. Send such notifications by certified mail. Notification will automatically institute an investigation by the BPR but so will a failure to notify.

(4) One physician disciplined by another state had failed to read either the x-ray or report on a patient going for outpatient surgery. The x-ray had been ordered, without his knowledge, by his office nurse. It showed (of course) a coin lesion in the lung. To add insult to injury, the report was filed in the office chart without being reviewed, and the patient did not return as scheduled for follow-up. Nearly every session of the Board of Medicine involves at least one physician who misses important patient information because of poor office management. Don't make the same mistake.

(5) A physician was denied licensure in another state because he was alleged he had falsified his undergraduate transcripts. He failed to report the action to the Florida Board of Medicine within 30 days as required. Denial of licensure must be reported, just as disciplinary actions must. Further, this case provides another caution: check for accuracy any material submitted

Continued on Page 2

IN MEMORIUM

MARK JONATHAN SWEET
4/1/46 - 7/17/94

Mark Jonathan Sweet died on July 17, 1994 after a four month battle with lung cancer.

Mark graduated from the University of Florida School of Medicine in 1971. After completing a three year Internal Medicine residency at Jackson Memorial Hospital, he and his family spent two years in the army at Fort Lee, Virginia.

Mark practiced Internal Medicine in Fort Myers from 1976 until 1994. He was kind and considerate to his patients, colleagues and friends.

He was always willing to come in early and stay late. On days when he wasn't on call he was frequently helping a friend or entire family resolve a medical problem.

Mark was also dedicated to medical education. He helped establish the Medical Library at Lee Memorial Hospital and continued to act as Chairman of the Library Committee. Mark also took pride in being a tireless advocate for the patient in all situations. He practiced and believed in the concept of "Do no harm."

On a more personal level, Mark was a *True Chaver* (friend in Hebrew) to his patients, friends and family. A simple truth was spoken at his graveside by one of his patients; "You were a good doctor. God bless you and Shalom" (peace). We will all miss Mark greatly. His spirit will always be with us.

Marvin S. Porter, M.D. ✦

"That man is a success
who has lived well, laughed often and loved much;
who has gained the respect of intelligent men
and the love of children
who has filled his niche
and accomplished his task
who leaves the world better than he found it
whether by
a perfect poem
or a rescued soul;
who never lacked appreciation of earth's beauty
or failed to express it;
who looked for the best in others
and gave the best he had."

Robert Louis Stevenson

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LEE COUNTY MEDICAL SOCIETY BULLETIN
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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.

IN MEMORIAM...*Continued From Page 1*

It is with a great sadness and a profound sense of loss that the staff of the Medical Library and the members of the Medical Library Committee received the news about the death of Dr. Mark Sweet.

In his death, the library loses a great friend, patron and supporter. Dr. Mark Sweet has been a Chairman of the Medical Library Committee since the moment the library was established in 1979. His enthusiasm, energy, and vision were the main forces which brought this library into existence. His vision led to the Thomas R. Connelly Medical Library at the Lee Memorial Hospital becoming a first-class medical resource center which serves the entire Lee County medical community.

Dr. Mark Sweet left a great legacy to those who will continue his work. He also left a painfully empty place in the hearts of those for whom he always had a helpful hand and friendly word. We will miss him.

Narges Ahmadi, Medical Librarian

***Editor's Note: Memorial donations are accepted by the library in memory of Dr. Sweet.** ✦

NEW PRESIDENT/CEO AT SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

On August 1, **Nick Carbone** officially assumed his duties as President/CEO of Southwest Florida Regional Medical Center. Nick is a certified member of the American College of Healthcare Executives and he brings to Fort Myers 22 years of hospital administrative experience. Most recently, Nick was CEO of Tallahassee Community Hospital and he had held administrative positions at HCA Lawnwood Regional Medical Center in Fort Pierce, Florida; Crestview Community hospital in Crestview, Florida; and, Plantation General Hospital in Plantation, Florida. He was President of the Leon County United Way and he has served on its Board since 1988. In addition, Nick's other Board positions include Florida State University Center for Professional Development and Public Service; Florida State University School of Nursing Advisory Board; Florida League of Hospitals; and Congressman Pete Peterson's Healthcare Leadership Council. Throughout his years in Florida, Nick has remained active in the Rotary Club, the Kiwanis Club and the local Chambers of Commerce.

Nick and his wife, Dee, a registered nurse, have two grown children. They look forward to becoming involved in the Fort Myers community. ✦

SHOWDOWN AT CAPITATION CORRAL

CONTROL OF SYSTEM HANGS IN BALANCE

This is the front page headline of the AMA NEWS for August 15, 1994. We recommend to you the reading of this article.

WHAT'S AT STAKE UNDER CAPITATION?

% population covered by capitated systems	Annual savings (in billions)
15%	$ 78.9
20%	$105.2
25%	$131.5
30%	$157.8
35%	$184.1
40%	$210.4

Depending on their risk-sharing arrangement, providers may pocket 50% to 100% of the savings in the short-term.

SOURCE: Advisory Board Governance Committee analysis of HCFA and National Office of Health Statistics, 1994.

CAPITATION CONSIDERATIONS

Capitation is commonly defined as a reimbursement methodology in which physicians receive a fixed payment for health care services provided to a defined patient population over a specified period of time. Popularized by health care reform proponents, the concept allows a managed care company to analyze and control administrative costs while shifting a large portion of the risk involved with patient care to the provider.

Advocates of capitated care systems place emphasis on the relative cost effectiveness of the care provided. The proponents claim efficient utilization of health care resources and lower premiums. Detractors from this position cite that the system is driven by economic incentives which discourage a comprehensive approach to medicine and patient welfare.

The capitation methodology utilizes an in-depth actuarial process which allows the managed care entity to closely match costs for health care services to the demographics and history of an identifiable target population of patients. The risk-bearing element of the typical capitation contract is controversial when erroneous assumptions are made regarding the target population's current state of wellness, average number of visits per period, or unrealistic physician practice cost estimates are used to develop the capitation rate. Under such a scenario, unplanned visits by patients quickly represent a financial loss to the providers practice and may result in bankruptcy. A provider considering entering into a capitation agreement should obtain legal review of the contract. A provider may also wish to consider or obtain:

- General overview of the anticipated wellness of the target population. Consider how this population's demographics are reflected within the existing care provided to current patients.
- Will the patient load be adequately handled by current staffing? Will the influx of new patients be disruptive to the existing patient pool? Determine the optimal number of patients that can be seen in view of the current resources of the practice.
- Obtain a current estimate of the practice overhead costs per patient. This would include overhead, office, utilities, malpractice insurance, rent, etc.
- The contract's specifics regarding referrals to specialists and affiliations to hospitals.
- An analysis of the capitation risk pool and any withholding agreements that managed care companies use to reimburse for services and how monies in these accounts are dispersed.
- Check the financial performance of the managed care company. Check its premium charges made to patients and their rise over the last few years. Evaluate the plans stability (i.e., Is the premium consistent with other companies' services available in the general market?).
- Check the companies reputation with the Department of Insurance. Ask for any complaints related to care of patients or grievances related to reimbursement.
- Closely examine the contract for provisions regarding cancellation by either party.

Prepared by the FMA Medical Economics Department. ✦

BOARD OF MEDICINE POTPOURRI

Continued From Page 1

for the Board of Medicine or hospital staff privileges. A corollary is to request transcripts and reports be sent directly from schools and other institutions, rather than providing them yourself.

(6) A pathologist was brought before the board because of a clerical error which reported out a finding of malignant melanoma on a patient with a benign nevus. Because there were appropriate clerical safeguards, and because the pathologist made every attempt to correct the mistake immediately, the Board dismissed the case, proving that risk management safeguards and 'fessing up have benefits for physicians as well as patients.

(7) A physician who lacerated the internal iliac artery during laparoscopy was limited by the Board in his ability to practice surgery. The issue was not the laceration of the artery, which was acknowledged by the Board to be a recognized complication of laparoscopy, but the length of time it took for the surgeon to perform a laparotomy and attempt to stop the bleeding. Complications alone will not insure a disciplinary action, but a failure to recognize them and treat them will.

(8) The license of a physician now residing in another state was suspended for failing to pay a fine to the Board of Medicine. This action was taken in absentia, because the Board of Medicine did not (apparently) have a current address for the physician in question. It is the responsibility of the physician to insure that the Board of Medicine has a current and proper address. As with all such communications, changes of address should be sent by certified mail.

As always, many times the physician appearing before the Board was unaware of the obligations placed on him by the Medical Practice Act and Rules of the Board of Medicine. A copy of both may be obtained by contacting the Board of Medicine, 1940 N. Monroe St., Tallahassee, Florida 32399-0783. A copy of the Medical Practice Act can be obtained by calling (904) 488-0595, but Rule 21 M (Rules of the Board of Medicine) must be requested in writing and costs $14.55.

They make profitable reading.

Barbara Harty-Golder, M.D., J.D.
President-Elect
Sarasota County Medical Society ✦

THE QUESTION MAN

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

"WHAT IS THE SIGNIFICANCE OF DR. JACK KEVORKIAN'S ACQUITTAL?"

PHOTO NOT AVAILABLE

George Fitzgerald, M.D. (Family Practice)

"Fortunate for him. (Presumably). Unfortunate for our society as the issues he raises will recede from public awareness and activity."

Jose Quero, M.D. (Internal Medicine)

"The physician's role is to cure when possible, always be supportive and eliminate undue futile suffering. The patient and physician together should have the right to end that suffering. I feel the courts and the majority of the public will continue to support this point of view."

NEXT MONTH'S QUESTION

"WHAT SHOULD BE THE ROLE OF THE MEDICAL SOCIETY IN AIRING THE DIFFERENT OPINIONS OF DOCTORS ON LOCAL HEALTH CARE EVENTS?"

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

OFFICE LABORATORY FEES

The Florida Agency for Health Care Administration has mailed physician offices a statement for an annual health care facility fee for office laboratories as of July 1, 1994.

Below is part of a letter Rep. Ben Graber, District 96, sent to the Broward County Medical Society on the subject:

Dear Cynthia:

After receiving your call on August 17, 1994 in regards to subsection 408.033 of the Florida Statutes establishing an annual health care facility fee for office laboratories as of July 1, 1994 by the Agency, I researched the legislation which was passed in 1989. It is my interpretation that this fee does not apply to physicians offices and I called the Agency for Health Care Administration and challenged their new rule.

I am pleased to inform you that the Agency agrees with my interpretation of the law. They have agreed not to pursue a fee for physicians offices and any fees that have been paid will be reimbursed. I urge you to notify the physician membership of the Broward County Medical Association and any other association to not respond to the assessment and any members who have paid their assessment will be receiving a refund.

As always, it is my pleasure to intervene when ambiguous situations arise. If you need any further assistance, please do not hesitate to call.

Ben Graber
Representative, District 96 ✦

NAME CHANGE

Charter Glade Hospital has announced they have changed their name to more accurately reflect their wider variety of treatment programs:

CHARTER GLADE
BEHAVIORAL HEALTH SYSTEM

FMA WORKING FOR YOU

HMO BALANCE BILLING

There seems to be a great deal of confusion among Florida physicians as to whether balance billing of HMO patients is allowed under state law. Many physicians choose not to contract with some, or all, of the HMOs operating in their area. These physicians rightly feel that the HMOs with whom they do not contract should pay them their usual customary fees when they are forced to treat their enrollees in the context of a medical emergency. These physicians also rightly feel that if an enrollee of an HMO with whom they do not contract chooses to seek their care, they should have the opportunity to bill this patient their usual customary fee. For these physicians, Florida Law has some good news and some bad news.

Physicians who treat, in the context of a medical emergency, enrollees of HMOs with whom they do not contract, must be paid at least 75% of the usual and customary fee for that service according to Chapter 641.31(12) F.S. Unfortunately, Chapter 641.315 F.S. forbids physicians from balance billing the enrollee for the remainder of the fee. In short, a physician who, in an emergency treats the enrollee of an HMO with which they do not *contract, must accept as their full fee,* whatever the HMO decides to pay (as long as it meets or exceeds 75% of the usual and customary fee for that service).

However, if an HMO enrollee seeks health care from a physician who does not contract with their HMO, a physician may, under certain circumstances, be paid their usual and customary fee. HMOs do not pay for services that they do not cover. They do not cover medical services provided by physicians who are not on their panel. While 641.315 F.S. dictates that no physicians, contracted or uncontracted, may balance bill an HMO enrollee, physicians may contract individually with these patients.

If a patient seeks health care from a physician who does not contract with their HMO, the physician may require that the patient sign a written statement acknowledging their financial liability for the physician's fee before treatment is rendered. The statement should state that the patient understands that the services they are about to receive are not covered by their HMO and that they will take personal financial responsibility for all fees charged by the physician. FMA Counsel advises that such a statement should include language that says, "I understand that this is not a covered service under my HMO plan..." Once such a statement is signed, the patient assumes the responsibility for the physician's entire fee.

The FMA opposes these statutory limitations and is currently seeking legislation mandating that HMOs must reimburse non-contracted providers either the provider's charges or the usual and customary provider charges for similar services in the community, whichever is less.

At the FMA's Annual Meeting in May, the House of Delegates asked the Board of Governors to study whether the FMA should take additional legal or legislative actions to insure that non-contracted physicians who provide covered services to an HMO enrollee must be paid an appropriate fee. The Board will report its findings back to the House of Delegates at the FMA's 1995 Annual Meeting.

For further information on this issue, contact Patrick W. Kennedy at the FMA's Department of Medical Economics in Tallahassee at (904) 224-6596 or Christopher L. Nuland, Associate General Counsel for the FMA at (800) 940-9451. ✦

SPORTS PHYSICALS

The following physicians recently donated their time to perform High School physicals at Cape Coral High School:

Dr. Richard DeIorio
Dr. Donn Fuller
Dr. Jack Beaulieu
Dr. Michael Collier
Dr. David DePree
Dr. Barry Sell
Dr. Charles Curtis
Dr. Felix Mestas
Dr. Mark Mintz
Dr. Edward Dupay

About 140 physicals were performed. Thanks to all who participated. ✦

- DEALING WITH CHANGE -

ALLIED HEALTH CAREERS

Just who or what is the Allied Health Career Development Coalition, Inc., anyway? This question was posed by an individual at a recent focus group session at Florida Gulf Coast University, one of five groups which the Coalition coordinated in their role as advisory committee for health professions for FGCU.

The Coalition is a non-profit organization of administrators of educational institutions and health care providers from three counties. They meet monthly to work at solving manpower shortages and other common manpower issues related to nursing and allied health.

The benefits of this group extend to physicians, providers and the community. The community benefits in that the Coalition facilitates the development of educational programs to train local residents. Physicians benefit in that the group works to establish an adequate supply of personnel to support the practice of medicine. There is a cost benefit for providers which ultimately affects the cost of health care. If manpower is supplied locally, high recruitment costs can be avoided.

Coalition meetings provide for idea interchange. Turfs are erased between providers and educational institutions as board members come together to solve nursing and allied health shortage issues. Most recently, the AHCDC was involved in assisting Florida Gulf Coast University by coordinating a needs assessment. They will assist the university with health professions academic program development. The Coalition will offer guidance to ensure that the new University offers those programs which are needed in the region.

Another Coalition focus is the current shortage of CNAs. This has resulted in a work/action group of home health and long term care administrators and hospital educators to develop strategies for addressing the problem.

In the past the AHCDC has been involved in the establishment of a dental hygiene program at Edison and worked to save the ECC Associate Degree Nurse program.

In the present health care environment manpower needs are changing rapidly. The Allied Health Career Development Coalition is focused on finding strategies to guarantee manpower to support future quality health care service in Southwest Florida. For more information, contact Lynne Olson, Director, Allied Health Career Development Coalition, Inc., 278-7160. ✦

FUTURE MEETINGS OF INTEREST

LCMS MEETINGS:

Board of Governors Meeting - 7:30 p.m. at the Society Office on October 4, 1994; November 1, 1994 and December 6, 1994.

General Meetings - 6:30 p.m. at the Royal Palm Yacht Club on October 17, 1994 and November 21, 1994.

Holiday Party - December 12, 1994 at the Veranda from 7:00 p.m. - 11:00 p.m. ✦

Florida Board of Medicine - September 30, 1994 & October 1, 1994, 8:00 a.m. at the Biltmore Hotel, 1200 Anastasia Ave., Coral Gables, FL. Phone: (305) 445-1926. Anyone interested in the Board Meeting is invited to attend. For further information phone (904) 488-0595. CME Risk Management Credits can be obtained. ✦

PRO/FMQAI HCFA INTERQUAL CRITERIA

CRITERIA DISTRIBUTION

On May 25, 1994, InterQual Criteria were distributed to all hospitals and ambulatory surgery centers by FMQAI. The 1993 InterQual criteria was implemented on July 1, 1994. These criteria will apply to cases with admissions and/or service dates of and after July 1, 1994. Screening criteria are utilized by health care professionals (OTHER THAN PHYSICIANS) as a tool. The tool is applied to determine the medical necessity of the admission, the medical necessity of the procedure, etc. If the health care professional cannot find documentation in the medical record to support the application of the screening criteria, then the case is referred to a physician. The physician **DOES NOT** utilize screening criteria.

FMQAI plans to utilize InterQual screening criteria, with exceptions. These exceptions include:

- Insertion, permanent pacemaker procedures
- *Removal, cataract procedures*
- Repair, eyelid, plastic and reconstructive procedures
- Endocrine/Metabolic procedures

Please use the pre-existing FMQAI criteria for the above noted procedures until further notice. These procedures have been identified in the InterQual Criteria packet. FMQAI is working with the appropriate specialty societies in these areas and hopes to have replacement criteria, developed by these societies, in the near future.

PEDIATRIC CRITERIA

Because of the limited amount of Medicare pediatric cases that are received by the PRO, FMQAI will not be using InterQual screening criteria for these particular incidents. Whenever a Medicare pediatric case should arise, it will be referred to a Physician Advisor for consultation. ✦

AMA P.O.W.E.R. HEALTH SYSTEM REFORM HOTLINE

CALL 1-800-833-6354

As the House and Senate begin floor consideration of health system reform, the AMA has created a system which will allow members of the AMA P.O.W.E.R. (Physicians Organized to Work for Effective Reform) Network the opportunity to receive daily, up-to-the-minute updates on House and Senate action on health system reform.

Each day, the P.O.W.E.R. Network Hotline will be updated with the latest information on the debate on the House floor and the Senate floor. Callers will hear a message describing floor activity, its impact on organized medicine, and clear instructions about how they can have maximum impact on important upcoming votes.

Physicians and their families will be encouraged to contact their Senators and Representatives to seek support for organized medicine. The situation in Congress changes daily, sometimes hourly. This **toll-free number** will allow physicians the opportunity to keep up with the most recent developments.

In addition, callers will learn how they can add their voice to support organized medicine's agenda.

Call 1-800-833-6354 (in D.C. call 202-408-7678) every day to hear timely updates on Congressional action. What impact will these actions have on your patients and your ability to practice medicine? How can you help influence these Congressional decisions in the next few critical weeks? ✦

HURRICANE PLANNING FOR THE SMALL MEDICAL PRACTICE

by Douglas M. Henderson
Disaster Management, Inc.

How does a small medical practice prepare for a hurricane?

Preparing a basic Hurricane Disaster Plan for a small business does not require a lot of time, expertise, or money, but it is important to have a written Hurricane Disaster Plan.

There are some basic steps that can be taken to protect your practice:

- Move critical equipment and documents to the office interior and off the floor.
- Cover or seal critical equipment and documents with plastic.
- Close and tape shut file cabinets, doors.
- Close all doors.
- Secure loose items.
- Power down and unplug all electrical equipment.

All employees should be familiar with these basic procedures to secure their own work area. Carefully review your business policy with an insurance professional and address the following:

- Does my business interruption insurance cover loss of income and payroll expenses?
- Am I covered for flood and windstorm damage?
- Are my limits, deductibles, and exclusions appropriate?
- Does coverage contemplate inflation, improvements and building code changes?
- Is the coverage for "replacement cost" or "actual value" (cost less depreciation)?
- Is my documentation current (serial no., date of purchase, cost, receipts, photographs, etc.)?
- Am I covered for loss of power or other critical services?
- Am I covered for a denial of access order issued by civil authorities?

Many critical documents, financial/billing records, and medical records are now stored electronically. It is important to duplicate or, preferably, triplicate these records. One copy of the duplicate records should be secured at a hardened site as far away from the office as reasonably possible.

The next step in the development of a Hurricane Disaster Plan is the establishment of a Disaster Management Team which should address the following additional topics:

- Telephone lists - clients, patients, suppliers, employees, etc.
- Supplies to secure and protect the facility and equipment.
- Post disaster survival supplies.
- Weather watch.
- *Fire safety and prevention.*
- *Building evacuation.*
- Review and rehearsal.
- Mutual aid agreements.
- Post disaster communications.

Hospital News of Florida ✦

NEW PUBLICATIONS HELP PHYSICIANS RESPOND TO CHANGE, STRESS

Responding to termination from a managed care plan or medical group? Thinking of retraining and need some help assessing the right steps? Having difficulty moving from patient advocacy to care management?

New *Doctors Resource Services* "Physicians Responding to Changes" offers in-depth counsel on techniques for coping with the stress of change.

Issue 9 includes two booklets and two short audio-cassette tape programs.

By popular demand, Issue 9 is the only package offered independently of the regular subscription service.

Order "Physicians Responding to Change," OP 651494, by calling (800) 621-8335. ✦

WHERE TO GO TO BECOME A MANAGED CARE EXPERT

When it comes to finding your way through the thicket of managed care options and opportunities that are springing up across the country, knowledge is power. Here's a handy reference that lists places you can turn to increase your knowledge of managed care.

by Lucy Moll

As you explore managed care options in your area, an important step is gathering as much information as possible before signing a contract. Resources are available that can help you frame the questions to ask a prospective managed care partner and determine the type of arrangement that makes the most sense for your practice. It's also important to find out how the managed care plans in your area treat the physicians they work with, and which plans have the management savvy and resources to warrant your attention.

Here, then, are some of the organizations and online services to which you can turn to build your expertise in managed care.

PHYSICIAN-MEMBERSHIP GROUPS

American Medical Association. The AMA offers a four-point program to physicians looking to learn more about managed care:

- A four-part set of videotapes of educational programming that appeared on American Medical Television last summer.
- Seminars offered by AMA-trained attorneys and consultants that are tailored to a particular market. You may call the AMA to request that a seminar be given in your area or to find out if one is in the works.
- A nine-part subscription service known as Doctor's Resource Service provides publications, videotapes and audio cassettes, each with a theme, such as "Negotiating and Contracting with Managed Care Organizations."
- The Doctor's Advisory Network puts AMA members in contact with attorneys, managed care consultants and physicians, all screened by the AMA. When an AMA member contacts the network, an AMA staffer conducts a phone interview to assess the member's needs and goals. The member is sent an information packet on three or four attorneys, consultants or physicians; final selections are left up to the AMA member. 515 North State Street, Chicago, IL 60610; phone (800) AMA-1066.

American Academy of Family Physicians. Family physicians interested in AAFP publications and other managed care resources can contact the academy. 8880 Ward Parkway, Kansas City, MO 64114; (800) 274-2237, ext. 3165.

American College of Cardiology. ACC offers a guide covering the basics of managed care, along with five monographs and an interactive diskette, written specifically for cardiologists. 9111 Old Georgetown Rd., Bethesda, MD 20814; (301) 897-5400.

American Society of Internal Medicine. ASIM offers publications, workshops and conferences designed to help internists learn more about managed care. 2011 Pennsylvania Ave. N.W., Washington, D.C. 20006-1808. Contact John Hernandez at (202) 466-0299.

Your state medical society. The AMA estimates that at least half of the country's state medical societies have put together publications and other services on managed care for their members.

GROUP PRACTICE ASSOCIATIONS

Medical Group Management Association. MGMA has 6,000 group practices as members. It has numerous publications on managed care - including *Managed Care Programs*, a book with information from 57 groups that share insights on managed care issues. MGMA also offers seminars on managed care and has a management consulting service. 104 Inverness Terrace East, Englewood, CO 80112-5306; phone (303) 799-1111.

American Group Practice Association. AGPA, which counts 250 larger group practices and 25,000 physicians among its members, has an annual conference and Congressional forums on managed care and other issues. The association publishes a bimonthly journal and two newsletters, one of which is devoted solely to legislation affecting group practices. Membership packets are available at no charge. 1422 Duke Street, Alexandria, VA 22314; phone (703) 838-0033.

CONSULTANTS

A good rule of thumb is to choose consultants who are members of one of two national professional societies: the Society of Medical-Dental Management Consultants in Kansas City, MO, at (800) 826-2264, and the Society of Professional Business Consultants in Colorado Springs, CO, at (800) 344-8129. Either group can put you in contact with a health care consultant in your part of the country.

ONLINE SERVICES

- **America Online** has a Better Health and Medical Forum for doctors and patients. To subscribe to America Online, call (800) 827-6364.
- **CompuServe** offers the AMIA Medical Forum, sponsored by the American Medical Informatics Association. This forum's library contains shareware programs for clinical use and practice management, as well as information on commercially available medical software. Also available on CompuServe is PaperChase, which provides access to MEDLINE, a biomedical database prepared by the National Library of Medicine that contains more than 7 million references to articles from 4,000 journals. PaperChase adds more than 8,000 new references each week. PaperChase also includes references from non-clinical literature contained in the Health Planning and Administration database, that includes health planning, insurance, management, licensure and accreditation. To subscribe to CompuServe, call (800) 848-8199.
- **GEnie** offers the Medical Professional's Center, a database with information on medical research, hospital administration, and occupational safety and health. Information is added weekly. Databases include Health Planning and Administration and MEDLINE from the U.S. National Library of Medicine. Also on GEnie is the Medical Roundtable, a discussion forum for medical professionals and the public. Topics include diseases, health care administration, health care financing and medical ethics. A library contains hundreds of text files, bibliographic searches, and software programs for medical professionals and consumers. To subscribe to GEnie, call (800) 638-9636.
- **Prodigy** includes a Medical Support Bulletin, which contains discussion forums for doctors and patients. To subscribe to Prodigy, call (800) 822-6922. ✦

ONE OF OUR OWN

The Masters World Championship Swimming was held at the 1976 Olympic Center in Montreal, Canada on July 3 - 10, 1994.

Our own **BO KAGAN, M.D. PLACED 4TH IN TWO EVENTS** — 50 Meter Butterfly and 100 Meter Butterfly. This event was attended by 40 countries and 3,500 participants.

Dr. Kagan is Team Doctor for the U.S. Swim Team and is chairman of several committees.

CONGRATULATIONS, DR. KAGAN FOR SUCH AN OUTSTANDING ACHIEVEMENT!

Congratulations also to **Nancy Betz,** Radiation Technologist from Lee County who finished 11th and 24th in her events. ✦

THE DATA BANK THREAT

WHAT'S REPORTABLE, WHAT'S NOT

REPORTABLE

- Professional review actions by health care entities or professional societies that affect a physician's clinical privileges for more than 30 days.
- Any payments made by an entity on behalf of a physician to settle a malpractice action or claim to satisfy a court judgment.
- Any surrender of clinical privileges:
  — while the physician is under investigation for incompetence or improper professional conduct, or
  — in exchange for not conducting such an investigation.
- Assignment of a proctor to monitor care (if the proctor's approval over treatment decisions is required).
- Partial denial of renewal application because of lack of competence.
- Summary suspension for more than 30 days.
- Involuntary entry into a rehabilitation program.

NOT REPORTABLE

- Denial of initial application for privileges, if denial is related to objective eligibility criteria (i.e., not involving questions of competence or conduct).
- Withdrawal of an application.
- Withdrawal of renewal application (if physician is not under investigation).
- Restriction based on disability.
- Termination of a contract that is allowed to expire without peer review or surrender.
- Voluntary entry into a rehabilitation program.
- Leave of absence.
- Failure to complete records.

THREE STEPS TO SHIELD YOURSELF FROM THE DATA BANK THREAT

1. Self-query the Data Bank at least once a year to see what information, if any, it has on you, and who has requested your reports.
2. Dispute any erroneous information in a report within 45 days of receiving the practitioner notification document.
3. Make sure your medical staff bylaws state that summary suspensions aren't reportable to the Data Bank until all appeals have been exhausted.

QUESTIONS & ANSWERS

Q. What if a report contains inaccurate information?

A. There are plenty of horror stories about problems with NPDB reports. For example, sometimes a physician's name appears in error, or the wrong code is used to describe the violation. The good news is that you have more options today to prevent, correct or amend faulty reports than you did a few months ago. Until recently, many reports went into the Data Bank without the physician's having any input at all.

Now the NPDB allows you to file a 600-character (not 600 words - characters) explanatory statement. That's not much - about the length of this paragraph. But if you choose your words carefully (a lawyer should help you here), it can be enough to indicate, for example, that you agreed to a settlement not as an admission of wrongdoing, but for economic or other reasons. Or you can state that you strictly followed hospital protocol or otherwise met the standard of care. Once your statement is part of the record, it's sent with the file whenever anyone requests it.

Another option is to dispute the report. The grounds for doing so are that it's factually inaccurate or should not have been filed in the first place. You do this by returning the signed notification document and requesting that the report be placed into disputed status.

You have 60 days to act, but don't wait that long, because adverse reports are made part of your file - and sent to queriers - after only 45 days. If you dispute the report after this period, the querier gets a notice to that effect. Unless you move fast, though, reports may circulate without including your written statement on the matter.

Q. How can I obtain a copy of my record?

A. Call the NPDB's toll-free help line (1-800-767-6732) and request the proper form. The operators are helpful and will answer any questions you might have. Don't write for the form in the mail; that will just delay things. And you don't want to delay when your reputation could be on the line. ✦

Source: June 1994 issue "Managed Care" Magazine.

BIOMEDICAL WASTE - HRS PERMITS, EXEMPTIONS & INSPECTION INFORMATION

Two years ago Florida law required all facilities generating biomedical waste (BMW) to obtain a Department of Health & Rehabilitative Services (HRS) BMW permit. Last year, however, the HRS-BMW rule Chapter 10D-104, Florida Administrative Code, was revised and allowed for an exemption option from the permit and associated fee for all BMW generating facilities that produce **LESS THAN 25 POUNDS IN EACH 30 DAY PERIOD.** Generators who apply and are granted exemption are not required to obtain an HRS permit nor pay the annual ($55.00) permit fee. However, all other requirements of the BMW law such as, routine HRS inspections and enforcement actions would continue in order to determine compliance with the BMW rule as well as to verify the exemption information. Consequently, generators who produce 25 pounds or more of BMW in **ANY** 30 day period are required to apply for an annual BMW permit and pay the associated fee. Initial exemptions will not be granted to newly established facilities and to those facilities that cannot show documented written evidence of the amount of BMW generated. If such evidence is lacking a BMW permit must first be obtained. Once proper disposal documentation has been well established, the generator may then apply for the exemption. The exemption status is good for three years but should the amount of BMW increase within the three years to 25 or more pounds HRS must be notified and the required permit must be secured. BMW permits expire each September 30.

Routine HRS-BMW inspections usually consist of checking for: BMW permit or exemption notice; written BMW policy that pertains to the HRS-BMW rule (OSHA guidelines and other infection control policies are not regulated by HRS); annual BMW training records for affected staff; quality and location of all sharps containers, red BMW bags, offsite transport containers; sanitary condition of all BMW storage areas; disposal practices and means; pertinent BMW documents e.g., incineration notices, manifests; onsite transfer methods; proper container labeling and; onsite BMW treatment, if applicable. In order to assist in the inspection it is highly recommended that all written materials concerning BMW be placed in a separate folder labeled: **BIOMEDICAL WASTE/HRS** and; someone be designated to assist the BMW inspector during the inspection tour.

Questions pertaining to the BMW rule, permits, or exemptions may be directed to Peter Fiore at: HRS-District Health Office, P.O. Box 60085, Fort Myers, FL 33906. Telephone: (813) 338-1246. BMW applications for permits and exemptions may also be obtained here as well as the local HRS County Public Health Unit/Environmental Health Section. ✦

LEE COUNTY MEDICAL SOCIETY ALLIANCE NEWS

Respectfully submitted by Jackie Sharkey, Corresponding Secretary.

CHARITY BALL:

Over 300 guests attended the 11th Annual Lee County Medical Society Charity Ball -- Roaring 20's Revue. This year's event was held at the Ritz Carlton in Naples on Memorial Day weekend and was a huge success. Guests were treated to a night of dancing, dining and great entertainment.

The ambiance of the evening was only surpassed by the satisfaction of raising money for the Ronald McDonald House, a home away from home for the families of seriously ill children, and our Mini-grant program, which helps to sponsor other area programs.

Special thanks to Janice Heligman and Brenda DeSantis for chairing such a successful and exciting Ball.

The Lee County Medical Society Alliance has selected Hope Hospice as the major recipient of the 1995 Charity Ball Proceeds. ✦

WELCOME BRUNCH

Every year the Lee County Medical Society Alliance and Foundation Boards welcome the new physicians spouses by hosting a Welcome Brunch. August 31st marked the date for this year's Welcome Brunch held at the home of Dr. and Mrs. Scott Harris. Tables overflowed with fresh flowers and delicious food.

"Welcome Packets" with information on Alliance and community events were distributed to all new guests. The brunch was a wonderful way to make new friends and help the newcomers feel at home. ✦

INSTALLATION OF OFFICERS

This year's installation of officers was held at Gateway Country Club on May 16th. Special guests included Betty Rogers and Ann Wilke.

The Lee County Medical Society Alliance
Board 1994-1995 Officers

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

SEPTEMBER MEETING

The annual fall fashion show will be held on September 19th at the Sanibel Harbour Resort. In recognition of Women of Achievement month, past alliance presidents will be honored. ✦

FMAA AWARDS:

Lee County won SIX awards at the FMAA Annual Meeting held May 18 - 21st in Orlando.

- Greatest percent of membership participation to the Physician's Resource Network.
- Greatest percentage of State and National membership in counties over 200.
- Membership Award for recruiting and retaining members.
- Newsletter Award - General Excellence.
- FMAA Award of Excellence, 1993 Charity Ball. ✦

PHYSICIANS IN THE NEWS

Steven V. Priest, M.D. has been named a Fellow of the American College of Physicians.

Michael J. Sweeney, M.D., F.A.C.S., has been elected for membership in the International Society for Cardiovascular Surgery, North American Chapter, at the 42nd Annual Meeting of the Society on June 6, 1994 in Seattle Washington. ✦

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.

Charles V. Klucka, D.O. - Allergy & Clinical Immunology

Dr. Charles Klucka was born in Detroit, MI. **Medical School:** Texas College of Osteopathic Medicine, Fort Worth, TX; **Internship:** Grandview Hospital and Medical Center, Dayton, OH; **Residency:** Henry Ford Hospital, Detroit, MI; **Fellowship:** Henry Ford Hospital, Division of Allergy and Clinical Immunology, Detroit, MI. Dr. Klucka is Board Eligible in Internal Medicine. Dr. Klucka is a practicing physician with Adult & Pediatric Allergy & Asthma Associates located at 2684 Swamp Cabbage Court, Fort Myers. ✦

Michael J. Weiss, M.D. - Diagnostic Radiology/Pediatric

Dr. Weiss was born in Philadelphia, PA. **Medical School:** Medical College of Pennsylvania, Philadelphia, PA; **Internship and Residency:** Hahnemann University, Philadelphia, PA; **Fellowship:** St. Christopher's Hospital for Children, Philadelphia, PA. **Board Certification: Pending - American Board of Radiology/Pediatric.** Dr. Weiss is an Associate of Smith, Hendra & Gerson, M.D., P.A., 413 Del Prado Blvd., Suite 202, Cape Coral, FL. ✦

Andree A. Dadrat, M.D. - Gastroenterology

Dr. Andree A. Dadrat was born in Hamburg, Germany. **Medical School:** Royal College of Surgeons, Dublin, Ireland, graduated 1983; Dr. Dadrat received a Certificate in Tropical Medicine from the Royal College of Surgeons in Ireland. **Rotating Medical - Surgical Internship:** St. Lawrence's Hospital, Dublin, Ireland; **Clinical Research and Completion of Original Thesis:** University of Hannover, Germany; **Medicine Residency:** Ealing Hospital, London, England; **Medicine Residency:** The William Harvey Hospital, Ashford, England; **Internship, Residency and Chief Medical Resident and Instructor in Medicine:** University of Mississippi Medical Center, Jackson, Mississippi. **Fellowship:** University of Alabama, Birmingham, Alabama. **Board Certifications:** American Board of Internal Medicine, Gastroenterology - 11/93. Dr. Dadrat is an Associate of Penuel and Price, P.A., 23 Barkley Circle, Fort Myers. ✦.

LEGISLATIVE NEWS

As you know, the special session of the legislature adjourned Thursday, June 9th, with no closure on health care reform. Sound familiar?

There was no consensus of support for the governor's proposed Florida Health Security Act, and, therefore, no significant action taken.

We don't expect the governor to call another special session this summer, however one never knows. We will keep you posted.

We have been concentrating our efforts on legislative campaigns, particularly in the Senate. We are working to maintain, if not improve, the 20-20 split. With Senator Foley (R), Palm Beach, having resigned to run for Congress, a number of candidates are vying to represent District 35 which includes much of Lee County.

The candidates are as follows: David Bludworth (R) former Palm Beach County state attorney; Anthony Martin (R); Nicholas Rodriguez (D); Tom Rossin (D) attorney.

In addition, Dr. Bob Windom has launched his campaign to unseat Senator Jim Boczar (D) Sarasota. Dr. Windom has a tough primary race against Katherine Harris. However, with your support, hopefully Dr. Windom will join Dr. Sullivan and Mr. Myers in the Florida Senate.

Caryn Craddick, FMA Legislative Field Director ✦

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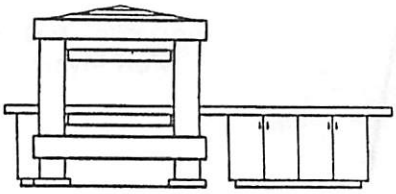

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LEE COUNTY MEDICAL SOCIETY SPONSORS HEALTH FAIR '94

The Second Annual Health Fair will be held November 3-4 at Harborside Convention Hall in downtown Fort Myers from 10 a.m. until 5 p.m. This event will be promoted throughout Lee County and feature hundreds of physician sponsored booths, informational displays, educational seminars and health screenings/testings. The Lee County Medical Society is giving you an opportunity to showcase your practice in a forum that is professional, tasteful and discreet.

Last year, 225 local physicians chose to participate in Health Fair '93 and many commented that through their participation they identified qualified, prospective new patients.

Physicians and exhibitors may purchase booth space at special member rates which include an eight-foot high draped backdrop, six-foot topped and skirted table and two chairs. Your space will be identified by a sign, however, you may display your own company banner.

A complimentary seminar will be offered to exhibitors on September 28 from 10:30 a.m. until noon at Harborside Convention Hall. This seminar will assist exhibitors with preparation and marketing techniques so they may receive the maximum benefits from their participation.

There are numerous opportunities available for interested individuals. Approximately 75% of the booths have already been reserved by more than 175 doctors. For more information contact Expo Marketing at 466-6300. ✦

FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES

Dear Medical Society Members,

On behalf of the campers, volunteers, staff and Board of Directors of Florida Camp for Children and Youth with Diabetes, I want to thank you for your sponsorship of three children from Lee County. I have received the donation of $800.00 and will credit the accounts of Brian Scherrer and Katie Johnson. It is especially helpful to have the additional $300.00 to meet the requests for financial aid which will soon be made directly to the camp office.

We have found that a youngster's adjustment to the disease has been aided by attendance at camp. The goal of Florida Diabetes Camp is to provide a fun camping experience in a medically supervised environment. We have found that in this relaxed atmosphere the children learn diabetes management and received important psychological support from professionals and especially from their peers. Through this experience, we try to show the youngsters that with proper diabetes management they can accomplish any goal to which they set their minds! Thank you for the continued support of your membership through the McCourt Scholarship Fund.

I am enclosing a copy of this year's Yearbook. I thought you might enjoy seeing the camp and the campers in action! Thank you again.

Sincerely Yours,

Rosalie Bandyopadhyay
Administrator ✦

We are pleased to announce that we have received an inital rating of "A-" Excellent from A.M. Best

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SEPTEMBER MEDICAL SOCIETY MEETING
Royal Palm Yacht Club
September 19, 1994
Social Time: 6:30 p.m.
Dinner Time: 7:00 p.m.
SPEAKER:
DR. FREDERIC PORCASE
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