

OCTOBER MEETING NOTICE

ROYAL PALM YACHT CLUB
MONDAY, OCTOBER 16

PROGRAM:
"ETHICS IN PAIN AND
SYMPTOM MANAGEMENT"

BARRY E. COLE, M.D.

President, American Academy of
Pain Management

THE SPEAKER IS SPONSORED BY
HOPE HOSPICE OF LEE COUNTY

Please note that the cost of dinner for
Active and Associate members of the Soci-
ety is included in the Annual Dues. Life,
Retired Members and other Guests will pay
\$20.00 for their meal.

Reservations are required by returning the
enclosed postcard. Deadline for reservations
is the Friday before the meeting. Please can-
cel reservation by Monday at Noon, 930
a.m. Not cancelling may result in bill-
ing for the meal.

LCMS CALENDAR OF EVENTS...

November 2 & 3, 1995 - Health Expo at
Harborside, 10:00 a.m. - 4:00 p.m.

November 4th - First Annual Legal/Medi-
cal Challenge Cup - 1:00 p.m. at Gateway
Golf Club.

November 20th - Medical Society Meet-
ing. Program: Domestic Violence. Royal
Palm Yacht Club, 6:30 p.m.

December 11th - Holiday Party at the
Veranda, 7:00 - 11:00 p.m.

1996 GENERAL MEMBERSHIP MEETINGS

At the May Meeting, members voted to
reduce our meetings to six (6) for 1996.

MARK YOUR CALENDARS FOR THESE DATES:

January 15th - Speaker: James S. Todd,
M.D., EVP, AMA.

March 18th - Speaker on Capitation/Risk
Management.

Programs to be announced for: May
20th, September 16th, November 18th and
December 16th.

LCMS Board Meetings are the first Tues-
day of each month - members are invited to
attend.

FIMR OF S.W. FLORIDA

William F. Liu, M.D.

Description of Project

The Fetal and Infant Mortality Review
(FIMR) is a community-based collaborative
effort to learn more about why infants die in
Lee County and to propose recommenda-
tions for change. It is part of the National
FIMR through the American College of
Obstetricians and Gynecologists, funded
nationally by the Robert Wood Johnson
Foundation. Locally, it is sponsored under
the auspices of the Lee County Medical So-
ciety (subcommittee of the Public and
School Health Committee) and the Healthy
Start Coalition of Southwest Florida.

Through individual case review, FIMR will
identify contributing factors that may lead
to fetal or infant death.

It will be composed of two multi-disciplin-
ary panels of professionals involved in di-
verse aspects of maternal-child care. The
Technical Review Team (TRT) conducts an
in-depth review of fetal and infant deaths.
This panel identifies contributing factors,
assesses the potential for improving perinatal
outcomes and makes recommendations
based on findings.

These recommendations are presented to
the Community Action Group (CAG), who
in turn develop strategies for community
change.

Review Process

Fetal and infant deaths will be analyzed
in relationship to the following factors:

- Cultural impact and demographics
- Education
- Environment and Lifestyle
- Medical Intervention
- Public Health
- Access to Services
- Economics
- Compliance

Information is gathered for case reviews
from vital statistics, maternal interviews and
medical records (hospital and physician
records) abstraction.

The project qualifies for full civil immu-
nity under Florida state statutes. All issues
discussed in committee are nondiscoverable.
These activities are confidential and exempt
from Florida sunshine laws. In case reviews,
all identifiers are removed and all partici-
pants are required to sign confidentiality
waivers.

Benefits of the Project

The FIMR process is not a scientific study,
but an information gathering process which
can serve to identify episodes of maternal-
child health care system deficiencies and the
reasons behind them. The reasons are then
examined to determine if they represent an
unusual occurrence, not amenable to correc-
tions, or if they represent an alterable policy.

The findings of this project will lead to
the discovery of those factors which may
impact fetal/infant outcomes positively.

Continued on Page Two

PRESIDENT'S MESSAGE



RONALD J. DELANS, M.D.
(With Maturity Comes Wisdom)

EXTENDED VACATIONS...A TIME FOR PERSONAL AND PROFESSIONAL INTROSPECTION

I just recently returned from my first ex-
tended vacation. For the month of August
and for the first part of September, I had
taken my family to the Rocky Mountains. It
was a great retreat. My wife and I had our
third child in February, and she was six
months old at the time that we started our
trip. Because of my workload for the pre-
vious six months, I had hardly known my little
girl as we started off on our trip. Fortunately,
by the end of our vacation I had developed
a close father-daughter relationship with her.
In fact, the extended time together was good
for the whole family. There is much to be
said for having no television or other out-
side distractions. I can definitely conclude
that a five week vacation is twice as good as
a two and a half week vacation, and prob-
ably half as good as a ten week vacation.

Needless to say, without television or
medical journals or the infamous AMA
newsletter, my hand was not on the pulse of
political medicine. Believe me -- it was a
relief. There is just too much depressing news
and not nearly enough uplifting information.

So, as I was preparing to write this col-
umn, finding a topic became a chore. Fortu-

Continued on Page Two

AS I RECALL...

ROGER D. SCOTT, M.D.

NEAR DISASTER EPILOGUE

Ironically, on the evening of the day the
article *Disaster and Near Disaster* was submit-
ted for publication, it was my good fortune
to meet a new friend. Col. Joseph Surico,
USAF (Ret.) who was a member of the Air
Force and a Captain in 1962. As we talked
about old Air Force times, it turned out that
Joe served at Patrick Air Force Base (in
Coca, Florida), the same base that I had been
at some ten years previously. Joe had been
sent to Patrick specifically to become the
Casualty Officer for our invasion of Cuba.
He relates that in planning it was anticipated
that we would have a minimum of 10,000
casualties in the first six hours of battle. The
D-Day for the invasion of Cuba approached,
and about six hours prior to the time of in-
vasion, accord was reached with the Russians
and the crisis was over. If it was reported in
the newspapers that we were this close to
invading Cuba, I am unaware of it. Joe is
the first military person that I have met that
was actively engaged in the Cuban Missile
Crisis. How strange we would meet for the
first time now. Coincidence?

It would be interesting to have the Cuban
view of the crisis, but unfortunately it has
been impossible to find a Cuban who was
old enough to remember the crisis. George
and Felix Mestas left Cuba in 1961, and
Manny Mons also prior to the Missile Cri-
sis. The one person I did find was about seven
years old, and he states that he can only re-
member that one night his father shoved all
the children under the bed, in anticipation
of an air raid. If anyone is aware of a Cuban
with knowledge of this period, please ask
them to contact me.



FIRST ANNUAL LEGAL/MEDICAL CHALLENGE CUP "The Battle of the Professionals"

SATURDAY, NOVEMBER 4, 1995
GATEWAY GOLF & COUNTRY
CLUB - 1:00 P.M. SHOTGUN
Have your team members signed up??
Contact LCBA Office at 334-0047

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When finished with this issue . . .

Pass it on
to staff!

TO: INITIALS:

_____	_____
_____	_____
_____	_____

LEE COUNTY MEDICAL
SOCIETY BULLETIN

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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.

FIPA UPDATE

The FIPA Region 8 Board has been working on your behalf with the state-wide Florida Independent Physician Association, Inc. in its organization endeavors for almost two years. Eleven FIPA regions have been developed and are functional. Lee County is in FIPA Region 8 which has a total of five hundred and twenty-eight members, one hundred and thirty-seven of which are from Lee County.

At present, the credentialing process has been completed for all members in our region. Business for our region now involves two main functions. The first is a continuation of infrastructure development with physician, membership, and participation agreements having been recently drafted. Review, critique, and refinement of these documents is under way. The second includes review of proposals from companies that FIPA is actively negotiating with. At the state-wide level, FIPA presently is working under an agreement with Coastal Health Care Corporation.

Coastal has contributed two million dollars cash to FIPA Management Company. These funds are being used to operate FIPA's state-wide. The thrust of state-wide activities at this point is to develop a business plan which would be used to move forward in a joint venture with Coastal Health Care. This is a potentially exciting development, in that Coastal is a physician owned and operated health care management company that is perceived as being physician friendly. In the proposed joint venture, sixty percent stock ownership with sixty percent board representation would be retained by FIPA.

There are on-going discussions with several other insurance companies state-wide with the expectation that formal relationships will mature. Discussions involve both discounted fee for service and risk sharing arrangements. Below is a brief summary of each:

Multi-Plan: Largest nationwide general purpose facilities based PPO. Presently have contracts with over eighty-five percent of hospitals in Florida. Interested in all FIPA regions.

Beach Street: Fifth largest nationwide general purpose PPO - recently awarded the State of Florida employees PPO contract. Interested in all FIPA regions.

Physicians Health Care Plans of Florida: Medium size HMO seeking to expand Florida markets. Interested in all FIPA regions.

United Health Care: Large HMO with expanding operations in Florida markets.

Physician Corporation of America: Large HMO seeking to expand Florida markets.

Foundation Health Plans: Large HMO seeking to expand market share in Florida.

Vincam Human Resources: Large employee leasing company in Florida - seeking health care coverage for lease employees.

FIPA Region 8 activity to date may appear to be moving at glacial speed, but in fact there has been a tremendous amount accomplished and we are poised to assign several contracts in the near future.

President's Message...Continued from Page 1

nately, while on vacation I managed to finish a book I had started a year ago. The book is titled *The Bell Curve* by Harvard psychologist, Richard Herrnstein, and Harvard sociologist, Charles Murray. The book deals with cognitive abilities and class structure in America. The book drew tremendous fire and criticism for its chapter on ethnic differences in cognitive abilities; however, other chapters on cognitive classes and social behavior, and cognitive partitioning by occupation, were quite interesting.

Since there is so little good news, I've decided to turn to the more abstract to cheer you up. *The Bell Curve* makes a number of positive predictions about the future of physicians and other professionals. You can simply think of this as a mini-book review.

It turns out that we, as physicians, are pretty bright. The relationship of intelligence to educational attainment appears to be a fairly direct correlation. The higher your IQ, the more likely you are to obtain more education. The IQ of the average person graduating high school is 105. The median IQ of a college graduate is 115, and the median IQ of a medical school graduate is approximately 125. That puts physicians, on average, in the 95th percentile of intelligence distribution, or close to two standard deviations above the mean. The only exception to this is, of course, surgeons, who are somewhere down in the bottom quartile of intelligence.

Well...so what, you might say. Everybody knows that physicians are probably brighter than the general population on the whole, so what's your point? But there is more than just being bright and well-educated. According to these authors, there are clear trends developing in our society that are associated with the degree of intelligence. The educational system in this country has been sorting us by cognitive ability for some time now, with the leading colleges and professional schools turning out brighter and brighter graduates. The value of intelligence in the marketplace has been rising. The growth in wages by people in high IQ occupations has pulled away statistically from the growth in wages in low IQ occupations. High cognitive ability means that, more than ever before, the chances of financial success in life are good and probably getting better.

Not only are highly intelligent people more likely to be well-educated, but also more productive and efficient in the workplace. The marketplace has recognized this and is rewarding these skills more highly. This is definitely true in medicine today and may be especially true in the future. Technology has increased the value of intelligence. The more complex society becomes, the more valuable are the people who are especially good at dealing with these complexities. As the field of medicine continues to grow in complexity, those physicians with the highest skill levels will see increasing financial rewards. In other words, the occupationally elite professionals such as physicians, will prosper. Within the group of physicians, those who are the brightest will probably prosper more. Therefore, according to the sociologists, our economic future is bright. For those physicians who are especially intelligent and especially adept at dealing with complexity, the future is even brighter.

FIRM of S.W. Florida...Continued from Page 1

Identified factors will help to direct community recommendations for intervention strategies that may help to improve future outcomes.

Information packets will be sent to all maternal and infant health care providers. Your cooperation is essential for the success of this program.

If you wish to participate or require additional information, please call William Liu, M.D., 432-3556 or Charles McCurdy, M.D., 432-3265.

THE
QUESTION
MAN

OPINIONS - EDITORIALS
LETTERS TO THE EDITOR

John W. Snead, M.D.

"COULD DOCTORS FACE LIABILITY PROBLEMS CAUSED BY MANAGED CARE?"



Irwin Kash,
M.D.
(Pediatrics)

"Yes, the pressures to see more patients quicker could lead to mistakes. Additionally, treating over the phone rather than doing an in person history and physical will create mismanagement."

NOVEMBER'S QUESTION

"WILL ANY PHYSICIAN SPECIALTY GROUPS BE ABLE TO GET REASONABLE CARVE-OUTS IN THE SOUTH-WEST FLORIDA HEALTH CARE MARKET?"

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

AN OPEN LETTER

PHYSICIAN SUPPORT

Enclosed is a pledge form for United Way asking for your support in the many local health and social services programs provided through United Way-funded agencies.

In addition to funding programs which help the less fortunate -- the aged, the chronically ill, the physically and mentally disabled, the physically abused and the youth -- the United Way is a major force in solving community problems, convening local community leaders, civic groups, service providers and government agencies to identify problems and implement steps to solve them.

We are fortunate to be living in an area with a strong sense of community, brought about by a long history of people caring for people and supporting the services in the community needs.

United Way contributions may be either general or to specific organizations. United Way staff can show you how to set up payroll deductions for you and your employees.

We strongly urge you to join us in support of the United Way's mission: To increase the organized capacity of people to care for one another. ♦

HIV/AIDS CME
AVAILABLE THROUGH
FMA2ND EDITION FOR THE
CLINICAL MANUAL ON HIV/AIDS

The FMA Department on Medical Education is accepting orders - call (904) 356-1571, CME Project Manager. Cost for members is \$47.93 plus \$30.00 for grading and processing. Total cost: \$77.93. ♦

CLASSIFIED ADS

Classified Ads are only for
Physician Members of the Society's use.

OFFICE SPACE

Shared Medical Office Space at HealthPark for lease. For further information please call (941) 482-0333. ♦

MEMBERSHIP ACTIVITY

New Members Approved:

Oscar A. Alea, M.D., Pediatric Pulmonary
David Axline, M.D., Cardiology
Heidi L. Fleer, M.D., Family Practice
Edward Gillie, M.D.
Anika Jain, M.D., Physical and Rehabilitation
Vikas Jain, M.D., Ophthalmology
Brian Kurland, M.D., General Surgery
Steve Lebar, M.D., Cardiology
Michael B. Marchildon, M.D., Pediatric Surgery
Thomas F. Mattras, M.D., Internal Medicine
Charles McCurdy, M.D., Perinatology
Thomas C. Morell, M.D., Neurology/Pain Management
Florentino E. Palmon, M.D., Ophthalmology
Robert B. Pritt, D.O., Family Practice
Mark Rubin, M.D., Oncology/Hematology
Mary B. Stegman, M.D., Internal Medicine - Medical Director of Hope Hospice

PHYSICIANS IN THE
NEWS

Peter H. Blitzer, M.D., has been named as a fellow of the American College of Radiology (ACR). Selected for his outstanding contributions to the field of radiology, he was named as one of 130 new fellows by the College's Board of Chancellors. ♦

MEDNET NAME
CHANGED... AGAIN

MEDNET, the FMA's on-line computer information service, will now be called MedONE. The name change was necessary because MEDNET had already been trademarked by another organization. MedONE stands for Medical On the Net Education. Watch for more news on MedONE soon! ♦

FLORIDA HEALTH SECURITY (FHS) THE STATE OF FLORIDA PLAN INSPIRED BY THE MEDICAID WAIVER AND BIG GOVERNMENT

Steven R. West, M.D.

Read all over the newspaper, magazines and television - Medicare is going to go broke by 2002. Congress is wrestling with keeping Medicare and Medicaid solvent. Despite this economic reality, Florida's Governor, Lawton Chiles, continues to cling to the failed "solutions" of the past. The Governor continues to call for a special legislative session to consider his Florida Health Security proposal. His proposal will force more and more Floridians into a government financed and controlled health program at the very time these programs are in financial difficulty and are responsible for the increasing costs of medical care.

THE FLORIDA HEALTH SECURITY OVERVIEW

The Governor's plan called Florida Health Security will enroll an estimated 1.1 million Floridians with incomes at or below 250% of the federal poverty level (\$18,000 for individuals and \$37,000 for a family of four). These Floridians will be eligible for taxpayer subsidized health plans. Eligible persons must be a Florida resident and a U.S. citizen or a resident alien, have a gross family income equal to or less than 250% of the federal poverty level, and have at least one member of the family that has been uninsured for at least 12 months. Exempt from this last requirement are individuals receiving Medicaid, veteran benefits, or other publicly funded health care benefits for low income persons, as well as employer and employees who are uninsured for 12 months prior to purchasing coverage through a community health purchasing alliance (CHPA's).

Applications for a FHS plan may be made by an individual, a family, or employers or individuals. Coverage is purchased through CHPA's. The FHS enrollees will be guaranteed a benefit package that includes broad patient care, outpatient services, primary and preventive care, prescribed drugs, mental health services, and some long term care and community based services. FHS benefits will be provided by private provider groups approved by the CHPA's called Accountable Health Partnerships (AHP's), as well as agencies of county government or local tax districts approved by the CHPA's called Community Health Partnerships (CHP's). Every 12 months, FHS enrollees can select a plan of their choice from a variety of health plans offered through the CHPA's.

FINANCING THE FLORIDA HEALTH SECURITY PROPOSAL

The cost of this insurance is based on the FHS benchmark premium of \$116 per individual and \$348 per family per month regardless of size. Fifty-five percent of the premium is to be paid with federal tax dollars, 30% with state tax dollars, and the remainder, 15%, is paid by the individuals or their employers. Precise share of premium the individual will pay will be based on the individual's income. The federal and state portion of premium are to be paid with existing state and federal funds, Medicaid savings from enrolling all Medicaid recipients into managed care (547 million in savings projected by FY 97/98), tightening Medicaid reimbursement policies (457 million in projected savings by FY 97/98), reallocating funds from a program that compensates hospitals that treat a disproportionate share of indigent patients (162 million projected savings by FY 97/98), and eliminating most of the medically needy program (433 million in projected savings by FY 97/98). To do this, the State of Florida has asked for and obtained a waiver of the Social Security Act from the Federal Health & Human Services Department (HHS) for a 5 year period. HHS has granted the waiver to start in September of 1994. The Florida Health Security Plan must be passed by the state legislature and submitted to HHS for its approval in order for the waiver to go into effect. By federal law, any proposal or program which obtains a waiver must be budget neutral. The United States General Accounting Office (GAO) has submitted a report to the [Chairman, Committee of the Budget] of the House of Representatives. The report challenges the governor's belief that the FHS plan is budget neutral. Governor Chiles has reportedly promoted that the Florida Health Security Plan is a budget neutral program requiring no new state or federal tax dollars. The GAO has stated its concerns that providing Florida with a Medicare waiver would lead to increased cost of the Medicaid program in the State of Florida. The Governor's office estimates that if Florida does not obtain the waiver, the State of Florida will lose, over 5 years, approximately 8 billion dollars in federal funds. However, in order to obtain the federal funding, the state will have to be able to finance the state's proportion of funds which is approximately 45%. In order to do this, the state will have to either increase revenues by additional taxes or take funds from other programs such as public safety (law enforcement and prisons) or education.

In order to obtain the Medicaid waiver from HHS, the state legislature must approve the governor's plan. The state legislature during its last session was unable to adopt the governor's proposal. The Governor now is calling for a special session of the state legislature to pass his program so that the federal government will grant the waiver.

NEW MEMBER APPLICANTS

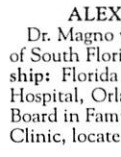
Application for Membership

Active members are requested to express to the Committee on Ethical & Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.



EDUARDO GOMEZ, M.D. - ORTHOPEDICS

Dr. Gomez was born in Miami Beach, Florida. Medical School: University of Miami School of Medicine, Miami, Florida (1985-89). Internship: University of Texas Science Center, San Antonio, Texas (1985-89). Residency: University of Texas Science Center, San Antonio, Texas (1990-94). Fellowship: University of Texas Science Center, San Antonio, Texas (1994-95). Board Certification: American Board of Orthopedic Surgery. Dr. Gomez is an associate with Fifer & Heligman, M.D., P.A., located at 8350 Riverwalk Park Boulevard, Suite 1, Fort Myers.



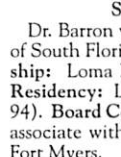
ALEXANDER MAGNO, M.D. - FAMILY PRACTICE

Dr. Magno was born in Washington, DC. Medical School: University of South Florida School of Medicine, Tampa, Florida (1988-92). Internship: Florida Hospital, Orlando, Florida (1992-93). Residency: Florida Hospital, Orlando, Florida (1993-95). Board Certification: American Board in Family Practice. Dr. Magno is an associate with Doctor's Family Clinic, located at 4901 Palm Beach Boulevard, Fort Myers.



ALICIA BLANDO, M.D. - PHYSICAL MEDICINE & REHABILITATION

Dr. Blando was born in Manila, Philippines. Medical School: Indiana University School of Medicine, Indianapolis, Indiana (1984-89). Internship: Maimonides Medical Center, Brooklyn, New York (1989-90). Residency: Albert Einstein College School of Medicine, Bronx, New York (1991-94). Fellowship: University of Arizona, Maternal Fetal Medicine (1991-93). Board Certification: American Board in Physical Medicine & Rehabilitation. Dr. Blando is an associate with Rehabilitation Consultants, PA, located at 13691 Metro Parkway, S-300, Fort Myers.



SCOTT A. BARRON, M.D. - PEDIATRICS

Dr. Barron was born in Chicago, Illinois. Medical School: University of South Florida School of Medicine, Tampa, Florida (1987-91). Internship: Loma Linda Medical Center, Loma Linda, California (1991-92). Residency: Loma Linda Medical Center, Loma Linda, California (1992-94). Board Certification: American Board of Pediatrics. Dr. Barron is an associate with Associates in Pediatrics located at 1555 Matthew Drive, Fort Myers.



HEALTH MAINTENANCE ORGANIZATIONS IN LEE COUNTY

Medicaid/HMO's/Enrollment		Commercial HMO's/Enrollment	
CareFlorida Health Plan, Inc.	1116	Aetna Health Plan of Florida, Inc.	3215
Community Medical Plan, Inc.	1221	Av-Med, Inc.	2280
PacificCare of Florida, Inc.	2409	Health Options, Inc.	4284
PCA Family Health Plan, Inc.	1163	Humana Medical Plan, Inc.	1747
Physicians Healthcare Plans, Inc.	3626	PacificCare of Florida, Inc.	1
	9535	PCA Family Health Plan, Inc.	695
Medicare HMO's/Enrollment		PCA Health Plans of Florida, Inc.	6228
Av-Med Inc.	1	Prudential Health Care Plan, Inc.	16
PacificCare of Florida	0		18466
	1		

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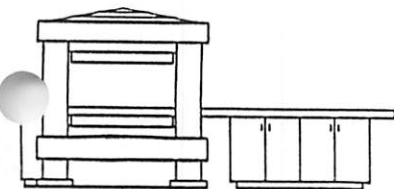
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LEE COUNTY MEDICAL SOCIETY ALLIANCE NEWS

Respectfully submitted by Nancy Barrow,
Corresponding Secretary

POTLUCK IN PARADISE

September 16th marked the date for the 5th Annual Potluck in Paradise. Around 120 physicians and their spouses attended this event, which again proved to be a huge success. New physicians to the Lee County area were invited to join Medical Society members for a casual evening of great food and fun. Dr. and Mrs. Ralph Gregg hosted this year's event at their lovely home in The Forest. Voter registration information and newcomers' addresses were made available to all.

Alliance members all brought covered dishes and tables were overflowing with an abundance of food and beverages. All attending enjoyed an evening catching up with old friends and making new ones.

AMA-ERF SHARING CARD

The Alliance will again be sponsoring a AMA-ERF Holiday Sharing Card Coloring Contest. We encourage all children of LCMS members to submit a multi-denominational holiday card to the LCMS Alliance by October 18th. The cards should be on 8 1/2" x 11" paper and drawn with no more than three colors. Please write on the back of the card the child's name, age and phone number, and mail all entries to AMA-ERF Sharing Card Contest, 11596 Mahogany Run, Fort Myers, FL 33913. All artwork submitted will be viewed and voted on by members of the Alliance Board at the October Board Meeting. Prizes will be awarded to 1st, 2nd, and 3rd place winners.

MEDI BAGS

Medi-Bags is a state-wide project sponsored by the Florida Medical Association Alliance to help the homeless in our cities.

We are collecting toiletries from area hotels, hospitals, pharmacies, and grocery stores. We will even take the shampoo and conditioner collected from your last vacation. Tax deductible donations can be directed to Victoria Sweet (481-5797) or Monica Schneider (482-8414). The Medi Bags will be assembled on Make a Difference Day.

FOSTER PARENTS APPRECIATION DINNER

Preparations for the annual Foster Parents Appreciation Dinner are well under way. The Foster Parent Committee has been busy securing door prizes for the event. The generosity of area businesses and individuals will enable every foster family attending the dinner to receive one of these door prizes.

The support of the Lee County Medical Society Alliance will ensure that the Foster Parents Appreciation Dinner is a continued success.

Those wishing to contribute to this worthwhile cause can contact Ana Gregg at 433-9634 or Shelly Brown at 338-5955.

MEDICAL BOOKMARK

T.R. CONNELLY MEDICAL LIBRARY AT LEE MEMORIAL HEALTH SYSTEM
by Narges Ahmadi, Medical Librarian

The new titles in the Network of Continuing Medical Education series this month:

Parkinson's Disease: A Clinical Update
Turtles, Rabbits, and Birds (TRUB): an Allegory for the Management of Prostate Cancer
Reconstruction in Facial Repair
An Update on Vascular Birthmarks

The NCME video program: The Physician's Role in Identifying and Managing Domestic Violence (NCME #675) is also available in the library. The video tape may be checked out for a week or may be reviewed in the library between 7:30 a.m. and 4:00 p.m. Monday to Friday. This video program meets one (1) hour Domestic Violence CME required for license renewal.

Another addition to the video collection: Computed Tomography for the Emergency Physician is also available for circulation.

Among the new medical texts at the main library this month:

Bowes and Church's Food Values of Portions	In the Reference Library at HealthPark Campus:
Commonly Used	Caffey's Pediatric X-Ray Diagnosis
Cancer Treatment	Comprehensive Textbook of Psychiatry
Cardiovascular Medicine	(6th ed.)
Color Atlas of the Nail in Clinical Diagnosis	DeWeese and Saunderson's Otolaryngology
Commonsense Approach to Coronary Care	Meritt's Textbook of Neurology (9th ed.)
The Washington Manual of Medical Therapeutics	Principles and Practice of Pediatric Oncology

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OCTOBER MEDICAL SOCIETY MEETING

Royal Palm Yacht Club
OCTOBER 16, 1995

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

SPEAKER:
BARRY E. COLE, M.D.

TOPIC:
"Ethics in Pain and Symptom
Management"

DINNER BY RESERVATION ONLY
CANCELLATIONS:

By Noon Monday before meeting
Spouse or Guest - Dinner \$20.00

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