

FMA ANNUAL MEETING MAY 31 - JUNE 4, 1995

The following members represented "YOU" as delegates to the FMA Annual meeting by taking time out of their practices, reading all the material, attending several different meetings before going to the Annual meeting and sat in the "House of Medicine" to render decisions by majority rule that represent the interests of our membership. Give them a pat on the back and say "thank you" when you see them: Drs. Ronald J. Delans; Robert E. Arnall; E.L. Howington; James H. Rubenstein; David M. Shapiro; Steven R. West; Richard G. Kilfoyle; Alan D. Siegel; Valerie C. Moore; Larry P. Garrett and Phillip E. Andrews.

Several of the Delegates have taken the time to summarize many of the issues and events that took place at the meeting for your benefit. If you wish to discuss or have questions on the FMA Annual meeting, ask

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MEMORIAL CHARLES EDMOND PERES, M.D.

Dr. Peres died on May 12, 1995, age 81. He is survived by his wife, Enez, and a large, extended family.

Ed received a Master's in Parasitology from Tulane in 1940, joined the Army and spent WWII teaching tropical medicine to physicians at Walter Reed, and in the prevention of tropical diseases in the Caribbean. This experience prompted him to enter medical school after the war, and he graduated from LSU in 1950.

He began the practice of internal medicine in Fort Myers in 1954 and retired due to failing health in 1983. He was dying of metastatic cancer of the prostate at that time, with no response to conventional treatment. With nothing to lose, he agreed to be treated with what he thought bordered on quackery: EDTA and a rabbit-food diet. Amazingly, he had a full and lasting remission, reverting to a normal bone scan. His later years were marked by problems with a mitral valve prolapse and congestive failure.

In addition to these milestones, a few defining statements can be added. Ed was, in the simplest of phrases, a Good Guy. He was quiet and friendly, and always genuinely concerned and conscientious about his patients. He accepted any task assigned at the hospital or medical society, always giving his best effort. I cannot recall him complaining about anything, anytime. He thought it was a privilege to be a physician, and acted accordingly. ♦

John R. Agnew, M.D.

BURY MY HEART AT QUAIL CREEK

K.L. SPEAR, M.D.

For those of us who went to Quail Creek to listen to the excellent presentation on the future of Capitation, it was a depressing future. We were told that Capitation is the natural progression of all managed care. Why, because it is the cheapest product, and the product that will be packaged to sell to businesses. It is the cheapest product because patients are not allowed to have as much health care and utilization is down.

I am reminded of American History. Of the Indians looking at the wave of immigration coming toward them. It was the beginning of the end of their way of life. What could they do? The new immigrants into the land (Insurance Companies), played one tribe against another (one specialty against another). They sat down and made peace treaties with them (contracts) and later changed those treaties to give the Indians less.

Now I am not Crazy Horse of the Sioux. I do not wish to attack Custer. I do see the evil of the new capitation system; it sets up a conflict of interest between Doctor and Patient. At Quail Creek we heard, you can not resist, it is coming. The Indians also were told it is hopeless to resist, that the white eyes are too strong. It may be, but should we sign up and make it easier for the insurance companies to sell these products. Or should we try to explain to patients that in capitation, patients loose.

Lee County in 1990 sponsored a resolution at the Florida Medical Association conference that said: Florida doctors should resist Capitation plans as it sets up a conflict of interest between Doctor and Patient. This was passed by a unanimous vote at that FMA

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AS I RECALL...

ROGER D. SCOTT, M.D.

Concerning the Preservation of Cadavers

The following is a letter written by Nathan Ryno Smith, M.D., Professor of Surgery, Maryland Medical School, to Parker Cleaveland, M.D., Bowdoin (Maine) Medical School:

Baltimore
September 25, 1830
My Dear Sir:

It gives me pleasure to render you any assistance in regard to the subjects. I think you may rely upon having them; I shall immediately invoke our body snatcher (a better never lifted a spade) and confer with him on this matter. We get them here without any difficulty at present, but I would not tell the world, that any but ourselves should know, that I have winked at their

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PRESIDENT'S MESSAGE



RONALD J. DELANS, M.D.
(Serious Contemplation)

IN THE NEWS - JUNE 1995

This spring and summer Medicare Reform will dominate the debate on the future of American Medicine. By the time this story comes to print the United States House and Senate both will have approved large cuts in Medicare spending. On May 15th, I, along with Steve West, Cecil Beehler, several hospital administrators and other health care leaders in the community, met with Congressman Porter Goss. He asked for our input on how Medicare should be reformed and where cuts or savings might be made. The physicians present clearly enumerated organized medicine's positions and the rationale. The Congressman listened, took notes, and in general received our comments favorably. The most striking statement made by the Congressman was in regards to how the process will proceed. First, Congress will approve a long-term budget for Medicare, i.e., 200 billion to 300 billion dollars in cuts over 7 years; then, they will decide how to live within that budget.

How we "live within that budget" appears to be where the debate will take place. Organized medicine's positions on Medicare Reform are as follows:

- 1) Encourage beneficiaries to be more cost-conscious. This would entail taxing Medigap benefits or increasing deductibles.
- 2) Means Testing, which translates into reducing benefits to wealthier retirees.
- 3) Establishing Medical Savings Accounts (MSA's) to fund future retirees old age care.
- 4) Reducing fraud.
- 5) Increasing deductibles for home health care.

6) Opposing forced transfer of Medicare patients into managed care.

Speaker Newt Gingrich and other mainstream Republicans have been studying ways to make fundamental changes in the funding of Medicare. Speaker Gingrich has relied heavily upon the work of John Goodwin, Ph.D., at the National Center for Policy

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"DR. JOHN"

Retirement

"What do you do now that you are retired?" people ask. Perhaps you are one of them. That's certainly not a very original question, but understandable. There are many questions which might be more interesting. "Other than that, Mrs. Lincoln, how did you enjoy the play?" is a favorite of mine. "Do you really think you can get light from a rutabaga, Mr. Edison?" would be appropriate in Fort Myers.

My answer has both positive and negative features. Of particular importance to me are the things I don't do. I don't go to the hospital at 3 a.m., or any other a.m., for that matter, and I find this marvelous beyond words. I don't go to bed waiting for the phone to ring. There has been not even a wrong number after midnight for one full year. I do occasionally awaken in the middle of the night, smile, roll over and go back to sleep.

There have been a few times when I did not promptly go back to sleep, and on those nights I might get up and watch TV for a while. I have learned about "infomercials" this way, something you might rather avoid entirely. An infomercial is a program on which a live audience screams their delighted appreciation of a man who is making Christmas tree ornaments from radishes and cucumbers, or of a lady with a silver crewcut who lost a lot of weight but is still pretty chunky, if you ask me. Although each of these people probably makes more money in a year than I did in my entire adult life, I feel grateful that I had the opportunity to practice medicine, and that I managed to salvage a little money from those real estate people we all know and love.

When the sun comes up, so do I, followed by more exercise than was my custom since high school, which I hope will do my heart some good before my knees die entirely. Then, of course, I read the newspapers. Perhaps I shouldn't. The news has not been inspiring. "Doctor on trial on sex charges." "Charts missing from medical office." "Doctor group sues prominent attorney." "Prominent attorney may lose license." "Prominent attorney's less prominent brother says it wasn't bank fraud." "One of those real estate people admits to bank fraud." "Other real estate people say he is a good guy." (Willie Sutton spoke well of Jesse James, too, if you'll take your recommendations where you find them.) Cape Coral Hospital has been featured so often as to be a journalistic cottage industry.

I like to think things got worse because I retired. Maybe I could get up an infomercial along those lines. Something to do with leadership, and maybe cucumbers and radishes.

I carefully wash my hands and begin my real day, which revolves around my hobbies. I am always building and flying radio control airplanes, and going around the state for

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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 KNIGHTS OF NEWT AND THE WIZARDLY
WISDOM: WHERE'S THE HAPPY ENDING?ROBERT E. McAFEE, M.D.
(Last Speech as President of the AMA)

Good morning.

You may recall when last we met...I told you a fairy tale. About the good wizards -- we doctors of physick -- working hard for the health of the people. About the strange knights of the great dome-shaped Hall on the Hill. And about the variously popular King Will and his Queen -- who took it upon themselves to decide for the wizards and the people what should become of the ways of healing magic.

And while your response to my fairy tale was overwhelmingly, and gratifyingly, positive -- there were some few of you who felt it might be inappropriate for the President of your American Medical Association to offer such a light-hearted response at the end of such a serious debate. So I want to acknowledge the concerns of those few who took exception to my tale. And after deeply considering all of your comments, positive and negative alike...

There really is only one way that I can respond. As your Chief Wizard, I ask you to indulge me as I read one more page from the chronicle.

For in the days following the failure of the great health reform alchemy, a great cyclone of change blew through the kingdom, tossing knights and roundtables and shields about like so many pieces of straw. New knights came forward to replace those who had lost their shields in the tempest, and this new knighthood waxed great in glory and power -- and indeed, they came to be called the Knights of Newt. And their shields bore an ancient and peculiar legend. "GOP," it read. G - O - P. Which was rumored to signify "Gingrich's Old Pals."

Those knights, meanwhile, who bore the sign of the donkey upon their shields, could scarcely do more than lament their losses -- even though theirs was the camp of the King himself.

For King Will of the White Palace had grown smaller and quieter, and the Queen herself quite silent before their public. Indeed, certain daredevils had sought to bombard the castle by air and by land, and the King and Queen placed a great barricade before their White Palace. And the rabble were told that they no longer could drive their carriages along the renowned Pennsylvania Path where the King and Queen lived.

Indeed, the King and Queen withdrew so far behind their barricade that they could not hear the voices of the wizards when they sought relief from the regulations that governed their clinical laboratories of magic potions. Nor did they heed the wizards' call to rethink the need for hardhats in the places where the wizards checked the humours of the people. And when the wizards asked to clarify the laws of Sir Fortney of Stark, which governed where a wizard might refer a patient, they again received no response from the White Palace.

And so it came to pass that the Knights of Newt took it upon themselves to act. And they created a new plan, which they called a Contract with the Kingdom. And as they deemed it, so it came to be.

Now, the knights labored 100 days and 100 nights upon the fulfillment of their contract, and its pages had many commandments -- ten in all, it is said. Not least among them an injunction to end the costly game known as Torts, which was a favorite of the evil advocates of the court, also known as the lawsuit-sayers. For lo! Their clan was a vicious lot, chasing the wagons that bore the wounded to the wizards, and offering to the sickly great sacks of gold in exchange for bringing charge against a wizard for using suspect magic. But most of the gold, truth to be told, was retained by the law-suers themselves.

And they fought mightily against those who would stand in their way. But they have not yet been able to succeed. And soon, we hope, the knights will find a way to restore justice to the game of Torts.

Now, there were other articles in the great Contract. And among them was a promise to lessen the levy of the taxes upon the people -- and to draw tighter the strings around the public purse. And to this end, the knights heated and stirred a massive cauldron, into which they poured all of the kingdom's problems and promises. And they boiled. And they toiled. And they troubled the waters until a vision appeared in the bubbling brew.

It was a vision of swords slashing away at the many-headed monster known as -- Medicare. But the knights drew back in awe and apprehension. For they knew too well that the wrath of the Kingdom's most senior citizens would rain down upon their heads if they dared to inflict too serious an injury upon the Medicare monster, which many took to be their friend.

And then, the Knights of Newt remembered the great plan for health reform -- that failed because the King did not consult the wizards. So this time, the knights called to the wizards to join them in the great Hall on the Hill, and to bring them all their wizardly wisdom.

And so it came to pass that even as we gather in our own Great Hall to ponder these things -- even now the wizards and the Knights of Newt, and even the noble Newt himself, are deep in discussion about the Monster Medicare, and the road best taken to tame the monster for the good of all the people, young and old.

Now clearly, this fairy tale has yet to reach its end. Yes, the knights are willing now to consult the great wizards -- but it remains to be seen whether our healing medicine will be taken. We certainly hope so. For together we are using all of our powers and our magic to help health the kingdom as well as its peoples.

But that magic, in truth, is not and never has had anything more than thee and me -- and what we hold not just under our hats, but in our hearts as well. And so the fairy tale continues. And will continue -- as long as there are wizards who care for the people.

If I can achieve one last thing as your President, it would be to awaken you to the need to get involved. We cannot do it without you. But together, this is one more way we as wizards can make the magic.

America needs you.

Your patients need you.

The AMA need you.

I need you.

Come help us -- as we heal the wounds...and write a happy ending to this grim tale for all Americans.

And in closing, ladies and gentlemen, for this privilege of serving as your Chief Wizard for the year -- I thank you so very much.

Editor's Note: Dr. McAfee's speech was edited to appear in our Bulletin.

THE
QUESTION
MANOPINIONS - EDITORIALS
LETTERS TO THE EDITOR

John W. Snead, M.D.

"IS PATIENT SATISFACTION AN
APPROPRIATE MEASURE OF QUALITY
IN HEALTH CARE?"Joseph Walker,
M.D.
(Ophthalmology)

"Patient satisfaction can have little relationship to 'quality.' Patients may be swayed by such factors as the personality of the doctor or other health care provider. It's very difficult for patients to know what the true, reasonable expected end result of medical care is."

Steven R. West,
M.D.
(Cardiology)

"Clearly patient satisfaction is an appropriate measure of quality and health care since the patient still, even in this era of managed care, is the primary consumer. In the patient-physician relationship, which is the center of health care, patient satisfaction is of primary importance."

PHOTO
NOT
AVAILABLEWilliam Evans,
M.D.
(Urologist)

"Patient satisfaction is only one parameter by which to measure quality of health care. Medical assessment of patient outcomes of both medical and surgical patients will be mandatory in our future of the managed care world."

SEPTEMBER'S QUESTION

"SHOULD REGENCY SLOTS BE LIMITED?"

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

LEE COUNTY MEDICAL
SOCIETY ALLIANCE/
FOUNDATION NEWS

Respectfully Submitted by Nancy Barrow

CHARITY BALL

Over 300 guests attended the 12th Annual Lee County Medical Society Charity Ball, "Countdown to the Millennium." This year's ball with its futuristic theme was held on May 27th at the Ritz-Carlton in Naples. Guests enjoyed a night of fine dining, dancing, great entertainment, and illuminating atmosphere.

Through the generous support of our sponsors, program patrons, and grad raffle, much money was raised, seventy percent of which will go to this year's major charity ball recipient, Hope Hospice, with the other thirty percent allocated for our mini-grant program.

This year's golf and tennis tournaments were also big hits with record breaking attendance. Participants had fun playing their favorite sport with friends and colleagues.

Special thanks to Marlene Donaldson and Lisa Reynolds for chairing and creating such a successful and elegant ball.

WELCOME BRUNCH

Every year the Lee County Medical Society Alliance and Foundation boards welcome new physicians' spouses by hosting a Welcome Brunch. This year's brunch will be held on Wednesday, September 6th at the home of Howard and Nancy Barrow. Plans are well underway for this event which is being chaired by Debbie Hughes. If you

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MEMBERSHIP ACTIVITY

APPROVED FOR ACTIVE STATUS:

Mark A. Birnbaum, M.D.
Guillermo Bohm, M.D.
Lowell I. Gerber, M.D.
Brian E. Longendyke, M.D.
John D. Osterman, M.D.
William A. Wien, D.O.
Scott E. Wiley, M.D.

MOVED:

Benjamin C. Schaffer, M.D./Clearwater

DECEASED:

Charles E. Peres, M.D.

DOMESTIC VIOLENCE
CME TO BE REQUIRED

The Florida Legislature passed SB 502, an act relating to domestic violence. Embedded in that bill was a requirement that licensed health care professionals complete a one-hour program on domestic violence for relicensure. This requirement includes M.D.s and D.O.s. The CME requirement has been referred to the appropriate Boards of Professional Regulation for a decision on how to implement.

The proposal for implementation of the one-hour CME requirement in domestic violence education will come before the Rules Committee of the Board of Medicine at its June meeting. Specifics will be announced as they become available. ♦

When finished with this issue...

Pass it on
to staff!

TO:

INITIALS:

_____	_____
_____	_____
_____	_____
_____	_____

FMA...Continued from Page One

any of our Delegates; they will be happy to discuss it with you. ♦

FMA ELECTIONS & APPOINTMENTS FROM LEE COUNTY

DAVID M. SHAPIRO, M.D.

Dr. Shapiro was re-elected to the FMA's AMA Alternate Delegate Seat #1 and will represent us at the AMA Annual meeting in Chicago. He was also appointed, by FMA President, Al Smith, as Chairman of the FMA Council on Public Relations, Communication, and Membership.

Ann Wilke, your Executive Director has been appointed as an Advisor on this committee.

ROBERT E. ARNALL, M.D.

Dr. Arnall was appointed by the FMA President to serve as the Chairman of the Organized Medical Staff Section of the FMA. This was formally the Hospital Medical Staff Section. Dr. Arnall will be attending the OMSS national meeting in Chicago representing Florida. He will also be on the FMA Committee on Long-Range Planning and Development.

STEVEN R. WEST, M.D.

Dr. West has been appointed to the FMA Council on Medical and Socioeconomic for 1995-96. Some of the functions are: Government Programs, Health Care Financing and Third Party Relations. ♦

MSA'S/FLORIDA HEALTH SECURITY PROGRAM

STEVEN R. WEST, M.D., DELEGATE

At the 1995 Annual Meeting of the Florida Medical Association (FMA), there were two issues that were discussed that I would like to share with the membership of the Lee County Medical Society. There was a resolution urging the Florida Medical Association (FMA) to be very vigorous in its efforts to support Medical Savings Accounts (MSA's). Senator Phil Graham, who is running for President, and House Speaker Newt Gingrich were in Miami during the FMA meeting. Both of these individuals stated that the Republican leadership in both the House and Senate favor MSA's. They expressed a desire to allow Medicare patients to be able to use MSA's as an alternative to joining a managed care plan. Speaker Gingrich felt that MSA's would compete very favorably with HMO's. The main advantage of MSA's is that they place the consumer or patient in charge of his/her own health care. Currently, any savings that have been achieved by physicians, hospitals and providers, or for that matter by the government, is only passed on to the managed care companies, increasing their profits. This is one of the great advantages of MSA's - the consumer shares in the savings of decreased utilization. The MSA can control costs by restoring consumer diligence and discretion in the purchase of health care services. One of the central causes of rising health care costs is the nation's third-party payment system. Ninety-five percent of the money Americans now spend in the hospital is someone else's money at the time they spend it, and four-fifths of all physicians' payments are now made with other peoples' money. This encourages patients to ignore the cost and appropriateness of services they receive. In short, patients lack the market incentives to control costs. Because consumers and insurance companies do not really compete to reduce costs.

If we continue to rely on HMO's and managed care providers to attempt to control costs, all they will do is to continue to pass

(continued next column)

on most of the savings to their shareholders and not to the consumers. Incentives currently exist for third-party payors to do what they can to maximize the amount of money that is spent on health care, increasing premiums as much as possible and thereby, profits. The MSA's will let people set aside money each year in a tax-free savings account, to meet their deductible and out-of-pocket medical expenses. Tax laws can be changed in order that the individual can own his/her own insurance policy rather than relying on the individual's employer. The patient and their physician, not the government, not the employer, not the large insurance company, will be making the decisions about care and treatment.

The second issue is the Florida Health Security Program. This is the proposal to expand Medicaid coverage to "the working poor." These are individuals that make less than 250% of the Federal poverty level. This would extend the Medicaid program to an estimated 1.1 million Floridians.

The Governor expects to be able to pay for this expanded program by enrolling all the current Medicaid patients into managed care HMO's. He has obtained a waiver from HCFA to allow him to force Medicaid patients into HMO's. At the current time, the Legislature has not approved the Governor's plan. They are waiting to see what the Congress does at the Federal level. The recent proposals that the Republican Congress has made with regards to Medicaid and Medicare, will result in dramatic reductions in the increases that Medicaid and Medicare have been experiencing. The Medicaid waiver program may not be funded by the Federal Congress to the extent the Governor hopes.

This uncertainty has made the Legislature delay passage of the Governor's plan. There is concern that if the State Legislature were to enact the plan without securing the Federal funding, the State would not have adequate funds to expand the program.

The United States General Accounting Office (GAO), has submitted a report to the Chairman, Committee on the Budget of The House of Representatives. The report questions whether or not the Governor's proposal for Florida is budgetary neutral. The GAO has expressed concern that providing Florida with a Medicaid waiver would lead to increased costs. It remains to be seen whether the State of Florida would be responsible to cover the increased costs, or whether the Federal government would pick up the tab. ♦

YOUR ASSOCIATION'S WORKING FOR YOU

RONALD J. DELANS, M.D., DELEGATE

The Florida Medical Association's Annual Meeting in early June was the culmination of organized medicine's activities in Florida for the first half of this year. At this meeting the successes and failures of last year's agenda are discussed and a plan of action and priorities are set for the next 12 months. In the short space allotted, let me review highlights of the meeting.

A number of speeches and addresses were made to the FMA throughout the week. Several stood out as particularly pertinent to me. Cecil Wilson, M.D., Speaker of the House and newly-elected Vice President of the Florida Medical Association, discussed the culture of managed care and its potential influence on organized medicine. He pointed out, and rightfully so, that the changes in managed care and the trend by hospitals to employ physicians call into question the usefulness of organized medicine, especially to physicians who have exchanged private practice for contracted employment. Dr. Wilson expressed his belief that physicians will always need an organization to represent their interests. He then asked a series of rhetorical questions as to what organization or entity would best represent physicians: Will it be the government? Will it be the insurance industry? Will it be the hospitals? Would any of these organizations stand with physicians and support their interests? He felt it was clear that only an organization of physicians would have the ability and willingness to promote physicians' interests. He reminded us that the Florida Medical Association has been adapting to the changes in the world of medicine for the past 125 years.

Dr. Van Eldik, our outgoing President of the FMA, discussed the Florida Patient Protection Act. Apparently this body of proposals is still alive and well. If a special session before the Legislature is called later this summer, as is expected, there is a good chance that at least part of the proposals in the Florida Patient Protection Act will pass. He also stated that the insurance industry had conducted a virulent campaign to distort the FMA's position on the Patient Protection Act. He felt this underlined the insurance industry's greed for profit and lack of concern for patients' and physicians' rights. He stated that there would be a fundamental reorganization of councils and committees to streamline operations of the FMA. He also announced that the Florida Medical Association would complete its move to Tallahassee by August 1996.

Dr. Seward, Chairman of the Board of Trustees of the American Medical Association, spoke to the priorities of the American Medical Association. He felt that the AMA should first and foremost stand up for quality care and patient right, a theme that early in this century catapulted U.S. medicine ahead of all of our European contemporaries. He felt this was the best approach to deal with managed care issues. He also reminded us that in these days of reform where we as physicians are under attack, it is easy to be consumed by the politics of change rather than remember why we are physicians. We serve the people who need us no matter what the consequence. The essence of who we are and what we do cannot be taken away from us.

The Florida Medical Association elected a number of young and thoughtful physicians into leadership positions. Richard Bagby was elected President-Elect of the FMA and Cecil Wilson was elected Vice President of the FMA. Both of these men will bring new and refreshing perspective to the leadership of the Florida Medical Association. These two physicians along with Mathis Becker (perhaps the brightest and most articulate physician to sit on the Board of Governors in several years) bode well for the future of our organization.

Next month I will review the highlights of the House of Medicine's action on the recommendations of the four reference committees (Health Education and Public Policy, Finance and Administration, Legislation, and Medical Economics). However, there is one action of the House of the FMA's House of Delegates that I wish to review with you this month. The House of Delegates passed a proposal to raise the Florida Medical Association's dues by \$50 per year. At first I was opposed to this recommendation. In a time when our incomes are going down and we hear much talk about "living within our budget" this dues increase seemed to run contrary. However, several factors led me to support this proposal. First of all, the FMA's annual dues at \$350 a year were low compared to that of other states. We ranked fortieth among states with the mean being approximately \$400. Secondly, we

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are asking organized medicine to do more than ever before. On a relatively small budget we have asked the Florida Medical Association to take on the insurance industry, the hospital association and the trial bar, each with far deeper pockets than we have. If we handicap our organization financially its chances of success with the legislature diminishes vastly. If I'm going to have someone fight for me I've got to give them the tools and the money to do so. No one likes dues increases but this one appears necessary. ♦

REFERENCE COMMITTEE RESOLUTIONS

LARRY GARRETT, M.D., DELEGATE

The important resolutions which came out of Reference Committee 4 and passed were as follows:

1) Recommended uniform credentialing forms for physicians by hospitals and managed care companies.

2) Seek legislation to require all insurance and managed care companies use AMA CPT-4 coding (Lee County Resolution).

3) Lee County Resolution requests legislation to require managed care companies provide a complete list of patients and variations in disease incidence in their populations to contracting physicians.

4) The FMA seek legislation that would make third party payors liable for harm which results from any denial of care which is in conflict with the recommendations of the treating physician.

5) Establish a committee with the managed care companies to work on issues such as patient choice, physician selection/deselection, utilization review and quality assurance.

6) Encourage insurance and managed care companies to include a toll free number on their insurance cards with adequate staffing to facilitate patient eligibility verification. ♦

BURY MY HEART...

Continued from Page One

meeting and is still a position of that body.

I say resist joining capitation plans. I feel that the FMA should consider mounting a public education program to explain why especially Medicare patients should not allow their government to sell them into capitation plans that provide them with less services. If senior citizens are made aware of the kind of rationing and less say that they will have, they will revolt. Capitation in many ways is worse than the Canadian system. We could also make people aware on a local level. Remember one of the only Indian tribes that the U.S. calvary did not completely defeat were the Seminoles. They also were from South Florida. ♦

FMA'S NEW ON-LINE COMPUTER SYSTEM

The FMA has developed a new computer on-line information service OLIS and Internet access for members. Lee County is among a few county medical societies chosen to test this new service called MEDNET. There is a cost for access to the internet but the MEDNET is free to our members. Members can now obtain information on state and national legislation, legal updates, medical practice and economics, FLAMPAC, FMA publications, and meeting dates. Members using the Internet through the FMA will have access to a local line.

Contact the LCMS or FMA Tallahassee office at 1-800-762-0233. ♦

AS I RECALL...

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being sent out of state.

I will cause three to be put up in barrels of whiskey; I suppose they will require about a half-barrel of whiskey each. At 35 cents a gallon, this will be sixteen dollars; the barrels are one dollar apiece; the subjects, the putting up, etc. is ten dollars apiece, making in all, \$50.00.

Yours very respectfully,

N.R. Smith

(Editors Note: A true entrepreneur would have added that the barrels and whiskey could be re-sold in Maine!)

Anatomy

The University of Maryland Medical School is the 5th oldest medical school in the United States and still uses the anatomical hall which was built in 1812, which makes it the oldest medical school building in use today. The building is a rotunda with a large amphitheater about four stories high. It has secret passages and dissecting chambers which are behind the seats or under the flooring and back for the seats, rather cramped quarters but adequate for a narrow dissecting table and several students. These chambers were gas lit, but of course with no running water or ventilation, and were utilized at a time when dissection was rather frowned upon by the general public. I am sure this occurred in the 1830's at the time of Dr. Smith's lectures. It was my good fortune to attend the University of Maryland a few years after Dr. Smith's lectures (actually 117 years after the above letter). In the late 1950's the dissecting halls beneath the seats were set up and made a public display for citizens to tour this area once per year. It was indeed eerie to go into the small gas lit, otherwise unlit, almost cavernous areas with cadavers on the actual tables and old dissecting instruments present. It is my understanding that this has been made into a historical monument and tours are allowed at certain times of the year. If you are ever in Baltimore you might wish to call and see if you could tour this very fascinating area.

The Medical School was very fortunate to have a very large cemetery just two blocks from the school and the stories told were of the grave robbers, many of whom were the actual medical students, and many were hired procurers. This became such a problem for Baltimore that insurance could be bought for grave protection (probably one of the first recorded instances of insurance companies' involvement with medicine). Edgar Allan Poe's grave (1849) is in a very small cemetery one block from the medical school, and I often wondered as I passed his grave if Edgar Allan was truly in the grave or just an empty casket!

Dr. Eduard Uhlenhuth, a Viennese, was Maryland's Professor of Anatomy from 1925 until his death in the late 50's or early 60's. He was indeed a magnificent anatomist, very forceful and very determined to teach medical students anatomy to the fullest. Dr. Uhlenhuth was devoted totally to anatomy, and at the time of his death had willed that his body be dissected by students of anatomy. This was done, and his skeleton was then mounted in a glass case in the Anatomical Hall at the University of Maryland. Dr. Uhlenhuth was the only person that I have known both in the flesh and in the bone. It was with great respect that I returned to see Dr. Uhlenhuth's skeleton for the last time. He was truly a great man, a gentleman, and a wonderful anatomist. ♦

Editor's Note: Dr. Scott will be sharing some of his insights of Fort Myers and medicine. We hope you enjoy his writings and will share your thoughts with him and the Society. Video copies of his talk in April may be obtained from Dr. Randolph Kniffel at cost - you may contact him at the Society office.

PRESIDENT'S MESSAGE...Continued from Page One

Analysis. Republican policy on health reform takes many shapes, but its core belief is "Individual Responsibility." Republicans view Medicare reform and health system reform a common basic philosophy.

Republicans support the following general concepts:

- Shifting Medicare and Medicaid to managed care. This will probably be voluntary and most likely used by poorer Medicare recipients who are unable to afford the increasing deductibles. This has strong support from the business community. Other Republican proposals have only lukewarm support or in fact, opposition from business, and include:
- Regulation of managed care, including provider and patient Bill of Rights.
- Tax-free Medical Savings Accounts (MSA's).
- Eliminating tax exclusion for employer-provided health benefits. Republicans would like to see health insurance move out of corporate control and into individual control, presuming individuals would be more likely to exercise fiscal responsibility, i.e., lower utilization, if they, as opposed to the employer, were footing the bill for health insurance.

The American Medical Association has supported MSA options because it could lead to a system where doctors negotiate prices and services directly with the patient, rather than with powerful employers and managed care plans. MSA's could be linked with managed care such as PPO's. The managed care company would serve to provide catastrophic insurance. This concept could be valid in both the working population and for future retirees, i.e. Medicare.

Getting back more specifically to Medicare, what may the Republicans have in store:

- In line with the conservative concept of smaller, less intrusive government, Republicans support a voucher system. Here, Medicare recipients receive government vouchers with which to purchase private health plans (usually managed care HMO's). HMO enrollment for Medicare has been stagnant over the last 5 years with only 9%, or 3 million members, nationwide. Several proposals to make managed care more attractive include:
 - Add PPO, Point of Service Plans, and perhaps other types of plans. Medicare HMO head, Dr. Armstead, feels that opening the HMO program to PPO and POS plans has wide appeal among doctors and managed care plans alike. He also feels that seniors may accept them.
 - Have Medicare pay for seniors to stay in employer managed care plans after retirement.

2) Increasing co-pays and discouraging the purchasing of Medigap policies to cover them. The Congressional Budget Office (CBO) estimates that increasing Part B deductibles, raising co-insurance costs for M.D. services, and imposing a co-insurance fee on lab and long-term care could save nearly 50 billion dollars over the next 5 years. Also, the CBO says prohibiting Medigap insurers from paying any portion of the \$500 of an enrollee's co-pay could save another 35 billion dollars.

3) Higher premiums for higher income seniors.

4) New 20% co-pay for home health care services, which is the fastest growing item in the Medicare budget.

Overall, the Republican strategy would involve increased cost-sharing by Medicare recipients. Those who could afford the increase (approximately \$700 per recipient) would remain in fee-for-service Medicare. Those who could not afford the increase would be forced into some managed care plan. Remember, 75% of all retirees earn under \$25,000 per year, and 35% have incomes under \$10,000 per year. If enacted, these proposals would most likely result in a massive shift of patients to managed care.

Following is a letter received from Congressman Porter Goss:

Dr. Ronald Delans
President
Lee County Medical Society
P.O. Box 06041
Fort Myers, Florida 33906

Dear Dr. Delans:

I want to thank those of you who were able to participate in the Health Care Advisory Task Force meeting on May 13 to discuss the future of the Medicare and Medicaid programs. While it was short notice, I was pleased that so many of you could take the time from your busy schedule to discuss such important and timely issues for Southwest Florida. I know that it was extremely helpful to me.

Many of the suggestions and solutions offered at the meeting are doable. It is clear that, with the numerous ideas floating around, we need to concentrate on the areas where there is agreement and move forward from there or nothing will be accomplished. It was evident from your comments that there is a consensus that we need to address the fraud and abuse in the system. Many of you also supported increasing the deductible and copays of the Medicare program as a means of curbing overutilization.

Given our budget situation, and the financial and demographic projections inherent to these health programs, it is clear that the question is no longer: Can we slow the projected rate of spending growth in these programs? ...but how? In hearing the Board's continued frustration about the inefficiencies of the current system, it appears certain that we can find savings without causing significant harm to patients or providers. Your experienced insights on these programs' administrative flaws will be indispensable to this effort.

To help providers adjust to a more competitive future, I believe it will be equally important that Congress do what it can to help providers reduce their own costs of doing business. I would gladly pass along any suggestions or insights you have along these lines to the appropriate committee Chairman.

As I mentioned to you last year, we have a great opportunity in this Congress to institute meaningful reform, and I believe it will happen.

Again, I appreciate your efforts to keep me informed on your views about the direction of Congress should be taking in reforming our health care system. While my schedule precludes from attending every meeting, your active participation in the Board is invaluable to me.

Kindest regards,

Porter Goss
Member of Congress

DR. JOHN...

Continued from Page One

contests. When I return home Sunday evening, there is no worry about getting up early on Monday, and I like that. I get up early, anyway, and I like that, too.

I read all sorts of material without feeling guilty about the journals. I read three books at a time, if I feel like it. I read how-to articles relating to my new computer, and I am learning how to. The computer is marvelous for writing; I had no idea how good it would be. After all those years of writing four paragraphs and a punchline, I managed a book with 67,000 words, all spell-checked and neatly printed.

The main goal is to have the computer tell me if the money will hold out. The computer can't see the future but you can give it for instances and it tells you what's next. Having your money hold out is a definite plus, I'm sure even you young guys understand that. If it looks like mine will not make it, I may go into real estate. I have learned so many ways to stay out of trouble in the last year that I believe I could be headline-free. Around here, that almost merits a headline in itself.

John R. Agnew, M.D. ♦

ALLIANCE NEWS...

Continued from Page Two

know of any new physicians in town, please contact Debbie at 489-0212. ♦

POTLUCK IN PARADISE

Our 5th Annual Potluck in Paradise will be held on September 16th, at 7:00 p.m. at the home of Ralph and Ana Gregg. All members are invited to meet and welcome new physicians and their spouses as well as "catch-up" with old friends and colleagues. Gena Burch and Felice Wiess, co-chairs, are already preparing for this event which always proves to be an unforgettable evening of informal dining and fun.

(Please note: To curtain the cost of hosting this event, this year we will not be sending out individual invitations to all members as done in previous years.) Therefore make sure to mark your calendars now as follows:

5th Annual Potluck in Paradise
When: September 16th, 1995, 7:00 p.m.
Where: Dr. and Mrs. Ralph Gregg's Home
The Forest Country Club
16929 Timberlakes Drive
Fort Myers
RSVP: Felice Wiess (561-4139).

We look forward to seeing you there. ♦

FMA & FLORIDA BAR TO
JOIN FORCES AGAINST
DOMESTIC VIOLENCE

The FMA and The Florida Bar are planning a domestic violence project. As part of the effort, the FMA is establishing a speakers' bureau of physicians trained to speak to community organizations about domestic violence. Scripts and fact sheets will be provided. We need your help in identifying members from your medical society who are willing to serve on the speakers' bureau.

Please contact Joy Jarzyna at FMA Headquarters with the names and phone numbers of appropriate physician candidates from your medical society. The deadline is September 1. Speaking engagements will be scheduled during October, Domestic Violence Awareness Month. ♦

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.



EDWARD GILLE, M.D. - INTERNAL MEDICINE/GERIATRICS
Dr. Gille was born in Winchester, MA. Medical School: Albany Medical College, Albany, New York (1950-54). Internship: Albany Medical Center, Albany, New York (1954-55). Residency: Albany Medical Center, Albany, New York (1955-57). Fellowship: Albany Medical Center, Albany, New York (1957-59). Board Certifications: American Board of Internal Medicine (1974) and American Board in Geriatrics (1992). Dr. Gille is a retired physician.

ANAMIKA JAIN, M.D. - PHYSICAL MEDICINE AND REHABILITATION

Dr. Jain was born in India. Medical School: University of Florida, Gainesville, Florida (1988-91). Internship: Faulkner Hospital, Boston, Massachusetts (1991-92). Residency: New England Medical Center, Boston, Massachusetts (1992-95). Board Eligible in Physical Medicine and Rehabilitation. Dr. Jain has her own practice at 33 Barkley Circle, Suite B, Fort Myers.



VIKAS K. JAIN, M.D. - OPHTHALMOLOGY

Dr. Jain was born in Jaipur, India. Medical School: University of Florida, Gainesville, Florida (1986-90). Internship: Faulkner Hospital, Boston, Massachusetts (1990-91). Residency: Massachusetts Eye & Ear Infirmary at Harvard Medical School, Boston, Massachusetts (1991-94). Fellowship: Cornea Consultants, Harvard Medical School (1994-95). Board Certification: Pending. Dr. Jain has his own practice at 33 Barkley Circle, Suite B, Fort Myers.



EDWARD J. DANEHY, M.D. - RADIOLOGY

Dr. Danehy was born in Buffalo, New York. Medical School: Tufts University, Boston, Massachusetts (1984-88). Internship: The Miriam Hospital, Providence, Rhode Island (1988-89). Residency: NYU Medical Center, New York, New York (1989-93). Fellowship: Hospital of the University of Pennsylvania (1993-95). Dr. Danehy is an associate with Radiology Regional Center, at 3680 Broadway, Fort Myers.



BRADFORD S. PROKOP, M.D. - OPHTHALMOLOGY

Dr. Prokop was born in Chicago, Illinois. Medical School: Northwestern University, Chicago, Illinois (1953-57). Internship: Passavant Hospital, Chicago, Illinois (1957-58). Residency: University of Kansas, Kansas City, Kansas (1958-61). Dr. Prokop is a retired physician who moved to the sunny state from Topeka, Kansas.



LCMS/EMS DISASTER PREPAREDNESS COMMITTEE

JOSEPH D. LEMMONS, D.O., CHAIRMAN

You should be very proud of the work being accomplished by the members of our EMS/Disaster Planning Committee. Members include representatives from local hospital medical staff/administration, EMS/Medical Management, Law Enforcement, Red Cross, Home Health Agencies, Public Health, Pharmacy, and Hope Hospice. This group is unique in that few counties nationally have this caliber of talent meeting on a monthly basis for the purpose of disaster preparedness. The thrust of their effort this time of year is hurricane preparedness.

The committee realizes that all of their preparation is dependent upon commitment of our local medical staff. Please take a few moments of your busy schedule to reaffirm which hospital you have agreed to serve in the event of a major medical disaster. I understand you may be on the staff of several hospitals - make sure your commitment for pre or post disaster is with one hospital.

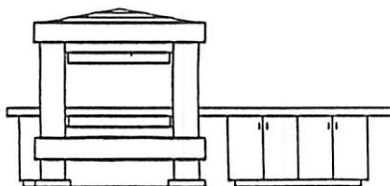
If you have not made a commitment to a local hospital, you might consider staffing one of our special needs or regular shelters. Please contact the medical society office.

Also, take time now for an evacuation plan for your families, or at least for emergency food, water, equipment and supplies for them in the event of a smaller category storm.

Addendum: There are a number of different statutory provisions which authorize liability protection for volunteers providing disaster services. These can be found under Florida Statutes Section 768.13.

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MANAGED CARE INFORMATION

If you have information you would like to share with your colleagues on managed care, use this Bulletin space.

PHYSICIANS SHOULD INSIST ON COST-OF-LIVING INCREASES IN MANAGED CARE CONTRACTS

I would like to bring to the attention of your readers an oversight that is pertinent to the vast majority of the physicians, as they deal with insurance entities.

I am one of three co-negotiators for our local independent practice organization. Our area is one that is infiltrated by managed care, however it is not yet overwhelming. Many new and large organizations are making in-roads to our community. As we negotiate with these insurance companies, one benefit we strongly request be included in any contract is a cost-of-living increase, which is tied to some objective criteria. For our area that has usually been the consumer price index for Western Class C cities. This CPI was selected since it reflects the size of our community.

Universally, we are told that the insurance entity does not have such a clause in any of the contracts, with any of their other doctors. Certainly the insurance entity will not offer this to you, unless it is requested, and strongly so.

We have successfully included such a clause in our last four contracts. Our reasoning for this is pure logic. We are not requesting any more money, however, we wish to try to assure our current level of payment. A service that is worth \$50 to an insurance company in 1995 should be worth the equivalent in 1996 dollars.

Some of the insurance entities will state that that promise is not possible, as they must each year re-evaluate their bottom line. That bottom line often involves a raise for the staff within that managed care organization. Our point is that those who are on the front lines - who come in at night to treat patients, who are at risk for viral disease from needles, at risk for infectious diseases such as TB - should be the first to receive any cost-of-living increase. We also point out that this allows for a long-term relationship, without yearly arguments over compensation.

I personally would suggest that all physician negotiators insist on such a clause in their upcoming contracts. I understand that in some environments this will be difficult.

However, if it becomes a more universal request from physicians, our little group will see fewer surprised faces on those negotiators who sit on the managed care side of the table.

Joseph P. Walls, M.D., Carson City, Nevada

Reprint from American Medical News/June 5, 1995

LCMS MEMBERSHIP IN FLAMPAC

Out of 430 members only 184 paid their FLAMPAC dues. We cannot impact the legislative scene if you do not support the organizations that work for you. You may join today by sending \$100 FLAMPAC Dues to the Society Office.

1996 is the Presidential race as well as many others. These races are important to your profession and the way you practice medicine. We need your involvement to make a difference!

READ WHAT WE SEND

Communication is a two way street. We mail and publish many articles and notices to you as a member. Many times we heard, "I did not get that." "Why didn't you advise us?" and so on. What you don't know, you don't worry about - until it hits home! Please read what we send you or give it to your office manager to read. Be informed...it could make a difference!

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GOVERNOR VETOES SB 1656 - MEDICAL LICENSURE/FOREIGN DOCTORS

The Florida Medical Association has learned that Governor Lawton Chiles has vetoed the Medical Licensure/Foreign Trained Doctors bill (SB 1656) which the FMA strongly opposed.

"We commend Governor Chiles on this wise decision and for unwavering commitment to the health and well-being of the citizens of Florida," Alvin E. Smith, M.D., President of the FMA, said.

The bill would have allowed a group of foreign-trained physicians to obtain Florida medical licenses without passing national medical exams. The FMA feels it is critical for high quality primary and specialty medical care that the standards for medical licensure in Florida be maintained at the highest possible level.

"The FMA will continue to oppose any similar legislation, taking every possible step to ensure that all physicians - whether they are American or international medical graduates - prove their knowledge and ability to provide safe and effective medical care throughout our state," according to Dr. Smith.

Dr. Smith stressed that the FMA's position on this issue is not an attempt to prevent foreign medical graduates from practicing in Florida. In fact, Dr. Smith said the FMA does recognize the special needs of international medical graduates and has supported appropriate and consistent provisions relating to their testing and licensing.

"However, Florida should never, and I stress never, compromise on the training and expertise of any physician for any reason regardless of his or her education, specialty or the patient population he or she serves," Dr. Smith said.

McCOURT SCHOLARSHIP FUND

The McCourt Scholarship Fund helped three children attend the Florida Camp for Children and Youth with Diabetes. The \$1,000 scholarship was used to help Cassie Plumlee who has attended the camp for several years; Vanessa King will attend for the first time and Jason Dorris will attend for the second year.

This Camp helps youth from age 6 to teenagers to learn diabetes management and receive important psychological support from professionals and relate to their peers. Contributions to continue this scholarship fund can be made to the Medical Society.

SENATE PRODUCT LIABILITY BILL

Last month, the Senate voted 61-37 for final passage of the Product Liability Bill after Senator Dole was forced to strip from the bill several broadening amendments in order to gain the 60 votes necessary to end debate. There were no medical malpractice provisions contained in the final version of the bill whatsoever.

Implications of the final Product Liability Bill for physicians: The provisions of this bill appear to extend to physicians in the small percentage of medical liability cases that also involve the use of a medical product. They will have no impact in the majority of medical malpractice cases. The possible consequences of this bill could be that liability exposure of physicians will increase as lawyers recast their medical product claims as medical malpractice claims.

The timing for appointing House/Senate conferees has not been announced; however, Senator Gorton, the bill's author, urged quick action. As you know, the House and Senate bill vary widely. While the House includes the cap on non-economic damages in its version of the bill, realistically, the Senate action makes it a long shot to preserve the cap in conference. Moreover, final passage of an expanded conference report -- particularly in the Senate -- is far from certain.

On a bright note, Senator Dole said on the floor that he will bring medical malpractice back to the Senate floor as a stand-alone bill either late this year or early next year. He said that the Senate's actions on the liability piece of the products bill reflect more of a desire for a "clean" products bill than it does on the bill for serious medical liability reform. Organized medicine is seven senators away from victory on the cap on non-economic damages and is working hard to find these votes.

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COMING EVENTS: Mark YOUR CALENDAR for these Educational Seminars/ Programs

- July 15 - CANCELLED - Workers Comp Certification Course for Physicians, Sheraton Harbor Inn.
- August 24 - CAPITATION Seminar, 9:00 a.m.-12:00 noon, SWFLRMC Auditorium. For Members and their Office Managers. Cost is \$60 for one/ \$50 for two or more.
- September 16 - 5th Annual Potluck In Paradise. RSVP 561-4139, Felice Wiess.
- September 18 - General Membership Meeting at Health Education Center, HealthPark
- September 23 - Physician Risk Management 8:00 a.m. - 1:00 p.m. and HIV/AIDS, 2:00 - 4:00 p.m. Conference at SWFLRMC Auditorium.
- November 2 & 3 - LCMS Health Fair '95, Harborside Convention Hall. Contact Expo Marketing, 466-6300.

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