LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 20, NO. 9

Fort Myers, Florida
Daniel R. Schwartz, M.D., Editor

January, 1997

JANUARY GENERAL MEMBERSHIP MEETING

Monday, January 20, 1997

Royal Palm Yacht Club
6:30 p.m. - Social Time
7:00 p.m. - Dinner

DINNER BY RESERVATION ONLY
Spouse or Guest - Dinner $25.00

CANCELLATION: by noon Friday before meeting. LCMS must pay for all reservations made.

INSTALLATION OF 1997 OFFICERS

PROGRAM:

Invited

ROBIN C. COOK, M.D.
AUTHOR
Books: COMA (movie), Terminal, Harmful Intent, Outbreak (movie), Brain and Contagion

CALENDAR

GENERAL MEMBERSHIP MEETINGS
Royal Palm Yacht Club - 6:30 p.m.

JANUARY 20,1997
MARCH 17, 1997
MAY 19, 1997
SEPTEMBER 15, 1997
NOVEMBER 17, 1997

BOARD OF GOVERNORS
1ST TUESDAY OF EACH MONTH - MEDICAL SOCIETY OFFICE
(Subject To Change - Call Our Office)

FEDERATION MEETINGS
FMA LEADERSHIP MEETING
JANUARY 31-FEBRUARY 2, 1997
AMA LEADERSHIP MEETING
MARCH 16-19, 1997
DAYS IN THE CAPITOL
APRIL 15-17, 1997
FMA ANNUAL MEETING
MAY 28-JUNE 1, 1997
AMA ANNUAL MEETING
JUNE 22-26, 1997

HAPPY NEW YEAR!!

PRESIDENT'S MESSAGE

George C. Kalemeris, M.D.

"RELATIONSHIPS"

I have often marveled at the changing relationships that physicians have developed over the last several years!!!

Initially, the relationship between physicians and their patients was the only professional relationship that physicians had to focus on. This lasted until the first sharing of space and office resources led to the creation of the first partnership. Thus, began the longstanding development of relationships between physicians.

Over the years, the usual modifications of relationships between and amongst physicians, were often born of differing personalities or practice goals. They were temporarily disruptive but life appeared to go on eventually without long term negative outcomes. Ultimately, medical colleagues respected each other for who had a higher purpose than the small human foibles that ultimately separated them.

Today, we find our relationships shifting radically and rapidly. The historically changing relationships between physicians have accelerated. Megagroups are forming either through hospital affiliations, corporate development or through independent physician leadership. Whether loosely affiliated (PHO'S), tightly affiliated (Staff model organizations with emplnyment agreements) or moderately affiliated (IPA's), these organizations, to some extent, ask for our loyalty in return for real or potential income.

Often, loyalty is a word that substitutes for other words of different meaning such as "allegiance" and competition becomes "rivalry". Extending the thought, our colleagues can potentially become our "adversaries" or "foes".

Why is this happening? Who is to blame? I think one would have to have been asleep for the last five years to not realize that the shrinking health care dollar had to have something to do with it, that managed care is making inroads into our market, and that the development of these various organizations are simply a response to the market place!

On the other hand the development of these organizations and our position inside them (and outside them) does not excuse us from our own behavior towards our colleagues and how we treat each other and our patients. Times may be difficult and contractual obligations need to be fulfilled, but at the end of the day we are all highly medically educated ethical professionals who have an ethical obligation to fulfill the ultimate relationship, our connection between ourselves as physicians and our patients.

We as physicians have an obligation to maintain our relationships between and amongst ourselves through our medical society, this being the only organization that truly represents our interests alone. Here, in the medical society, we are more able to recognize each other as brothers and sisters rather than competitors or foes.

We have a great year planned for the medical society meetings, with excellent speakers planned for each meeting beginning with our first speaker, Robin Cook, M.D.. I am looking forward to seeing you all at the next meeting. Please contact me or any of the board members if there is anything that *your* organization, the medical society or its representatives can do for you. ◆

In This Issue...

AS I RECALL...

ROGER D. SCOTT, M.D.

"SMOKE GETS IN YOUR EYES"

Dear "Dr. John", I wanted to write this letter advising you that this January is the first Anniversary of my cessation of smoking and to share with you some of my thoughts.

For thirty years you hounded me to quit smoking, coughed every time you came into my office, sneezed, almost had tears in your eyes, and complained of the smoke filled rooms. So you at least had some part, although minor, in my decision to break the habit.

Smoking goes a long way back in our history in that in return for the gifts of syphillis, gonorrhea, smallpox, and other such goodies, the American Indians gave tobacco to the European Settlers. The end result of each of the gifts resulted in death, but it has been a long time for the Indians to get their revenge.

The younger readers probably do not realize how prevalent smoking was in this country a few years ago. Smoking occurred on trains, planes, buses, restaurants, theaters, hospitals and everywhere. There were no "No Smoking Areas" in any of these establishments for many, many years. If you watch any of the classic movies and old TV clips you will see that everybody smoked. I only started smoking when I went into Medical School as a relief from the tensions. Gradually the world around me has become "non-smoking" and finally January 1996 I decided to quit. It was not difficult to quit. I did not go crazy, but I thought that I was losing my memory. However, a recent article in the News Press stated that "smoking sharpens the mind at cost to heart", so I guess that's why my memory wasn't quite as good as it used to be. At any rate, I quit smoking by simply making up my mind that this was the proper thing to do and without aids such as Nicorets, pacifiers, thumbs to suck, chewing gum, tranquilizers or alcohol. I did not pull my hair out, nor did those around me get punished for my lack of smoke. All this leads me to believe that the nicotine is not addictive because I certainly should have been addicted if anybody ever was. I do think the habit was addictive more so than the drug.

It has been a year now since I burned a hole in a new tie, shirt, coat, car seat, car floor mat, furniture, bed, even certain parts of my anatomy, by accidents while smoking and reading in a leisurely position, and almost anything you can name. The odor of smoke (house, office, cars, clothes, etc.) has finally subsided in my life.

(continued on page 2)

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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.

AS I RECALL...

(continued from page 1.)

I do not mind going into a smoke filled room and actually kind of enjoy it because it might be nice to have a cigarette, so I simply inhale a little deeper and that seems to satisfy the desire.

It is surprising that smoking in the hospitals was common place, and I have the dubious distinction of having caused a small operating suite fire when a cigarette ash fell into a trash can that contained ether sponges. Another small accident occurred by setting the back seat of my car on fire from ashes blown back in from the exterior when the cigarette was thrown out the window. These are but a few of the many reasons to quit the habit.

I will not go back and join you smokers but you are certainly encouraged to come join me.

So thanks, "Dr. John" for having started me on the road to recovery.

(Dr. John Agnew wrote the "DR. JOHN" column in THE BULLETIN for some years and always had a superb story.) ◆

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

TO: INITIALS:

LEGISLATION 1997

"RESTRUCTURED FOR BETTER PROCESS"

Rep. Ralph Livingston, (R) District 72

Corporations sub-committee is now the Financial Services Committee and its previous parent, the old Commerce Committee, is now the Business Development and International Trade Committee. Other committees have been re-organized and re-named to reflect changes in regards to HRS and welfare reform brought about by legislation passed in the '96 Session.

Perhaps the former Appropriations Committee is the best example of the decentralization of authority. In the past it was chaired by a single individual and in the last Session consisted of thirty-eight members. A House member not on the Appropriations Committee had virtually no participation in the process other than voting yes or no on the final version presented during the last week of Session. This carefully controlled and concentrated power process has been replaced by the Fiscal Policy Council which comprises 6 committees dealing with the various aspects of appropriation. Not only will far more than thirty-eight members sit on these appropriations committees, but the Fiscal Policy Council (made up of the chair and vice chair of each committee) will significantly decentralize the decision making.

The purpose of the new structure is clear -- to open up the process so that more people have access. Important legislation will now be spread throughout the 60-day Session instead of being "logjammed" into the last few days. I agree with the new leadership; the last week of Session should be just about as orderly as the first. This will go a long way toward eliminating stealth amendments placed on bills in committee (rather than on the House floor) by making it possible for any Representative to present an amendment in committee whether an official member of that committee or not. Curtailing floor amendments will also increase the ability of the public to be informed and to participate and testify at the presentation of these bills and amendments.

In the past, House members were limited to introducing 6 to 8 bills during each session. As a result, around 3,000 bills were dumped into a system that could only accommodate about 500. The new rules perpetuate the 8-bill limit; however, each member can only have 4 bills in the committee process at one time. Members will thus be encouraged to prioritize their own bills and file them as early as possible. The eventual result could be fewer bills that are better researched and prepared. Also the new rules permit bills to be carried over from the odd-year to the even-year Session as is done on the Federal level.

In addition to allowing members to exercise more responsibility earlier in their careers, the underlying thought behind this new structure is the desire to improve the overall efficiency of House operations, translating into a more cost-effective process that makes significantly better use of public dollars.

(Editors note: A copy of the restricted Florida House is available from the LCMS Office) ◆

LEE COUNTY MEDICAL SOCIETY ALLIANCE/ FOUNDATION NEWS

by Sue Backstrand

ANNUAL HOLIDAY PARTY

The Lee County Medical Society and Alliance joint holiday party held at the Veranda on December 9th proved to be a successful fund-raiser, as well as lots of fun. Members gathered for an evening of great food and company. We were able to donate $1,100.00 to Hope House, from the many generous contributions given by our members and guests and from a successful raffle of two beautiful baskets donated by Creative Baskets. Thank you to Kerri Scaar, owner of Creative Baskets, and to all who donated, helping to bring some holiday cheer to those less fortunate.

AMA-ERF HOLIDAY SHARING CARD

Our recent AMA-ERF Fund-raiser was a success as usual. We raised $4,000.00 which will be used directly to help medical students and medical schools. The Lee County Medical Society Alliance appreciates all those who participated in the Holiday Sharing Card. The medical school which received the most donations was our own state medical school "The University of Florida." Special thanks to Debbie Hughes for her hard work as this year's AMA-ERF chairperson.

MINI-GRANTS

Thirty percent of the Charity Ball proceeds is allocated to the mini-grant program. This year a total of $20,964.90 was awarded to 13 mini-grant applicants. The recipients are as follows:

Alvin A. Dubin Alzheimer's Resources Center	$1,000.00
Candlelighters of S.W. Florida	$ 773.95
The Children's Science Center	$ 278.95
Health Education Center of S.W. Florida	$ 500.00
IMPACT	$2,800.00
Island Coast Primary Care Project	$2,224.00
LARC	$2,188.00
Lee County Breast Screening Program	$5,000.00
Planned Parenthood, Male STD Testing	$ 500.00
Senior Friendship Centers	$1,200.00
SOLVE of Lee County	$ 500.00
S.W. Florida Autistic Society	$2,500.00
S.W. Florida Fibromyalgia Group Inc.	$1,500.00

(Continued on page 3)

THE QUESTION MAN

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

"HAS THE INTERNET HELPED YOU OR YOUR PATIENTS?"

Craig Sweet, M.D. Reproductive Endocrinologist

"E-mail is an excellent method of communication and I use it daily with colleagues throughout the country. My Surrogacy WEB page (Http://www.surrogacy.com/medres/articles/aspects/html) has caught international attention although it is uncertain if it has actually increased practice activity. The WEB does, however, contain a growing quantity of questionable medical information from non-experts, so patients should remain skeptical and continue to ask their personal physicians for clarification".

FEBRUARY'S QUESTION

"Should insurers be required to pay for experimental treatments for terminal patients?"

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

Business Tips

Does your desk stress you?

To find out if your desk generates stress, answer yes or no to each question:

1. Do more than 10 items on your desk - reports, letters, memos, phone messages - require attention right now?
2. Do more than three items on your desk fit the "waiting to be filed" category?
3. Do you have an in-basket on your desk?
4. Do you leave piles of paper on your desk at the end of the day?
5. Have you been unable to find something on your desk in the past week?
6. Do co-workers hesitate to leave things on your desk because they think you'll lose them?
7. Do you have piles of unfinished reading on your desk and on nearby chairs and tables?
8. Do your co-workers describe you as the person with the messy desk?
9. Has someone been unable to quickly find something on your desk when you were away for a day or even at lunch?
10. Do you work from a desk that is generally not clear?

Scoring: Give yourself one point for each "yes" and zero for each "no". If you scored higher than three, your desk may already be causing you stress, or soon will.

Source: The Leader, Dale Carnegie & Associates, 1475 Franklin Ave., Garden City, NY 11530. ◆

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.

KIP CULLIMORE, MD - DERMATOLOGY

Dr. Cullimore was born in California.
Medical School: University of California, San Francisco, CA; (1981-85)
Internship Program: University of Utah, Salt Lake City, UT; (1985-86)
Residency Program: Mayo Clinic Graduate School, Rochester, MN; (1986-89)
Board Certification: American Board of Dermatology.
Dr. Cullimore is an associate with Associates in Dermatology located at 3635 Central Avenue, Fort Myers

MARK A. MALIAS, MD - CARDIOVASCULAR & THORACIC SURGERY

Dr. Malias was born in Jersey City, New Jersey.
Medical School: University of Louisville, Louisville, KY; (1985-89)
Internship Program: University of Louisville, Louisville, KY; (1989-90)
Residency Program: University of Louisville, Louisville, KY; (1990-94)
Fellowship Program: University of Florida, Gainesville, FL; (1994-96)
Board Certification: American Board of Surgery.
Dr. Malias is an Associate with Cardiac Surgical of SWFL, located at 2675 Winkler Avenue, Fort Myers.

BARON HAMMAN, MD - CARDIOVASCULAR & THORACIC SURGERY

Dr. Hamman was born in Memphis, TN.
Medical School: University of Texas School of Medicine, Texas; (1983-88)
Internship Program: University of Louisville, Louisville, KY; (1988-89)
Residency Program: University of Louisville, Louisville, KY; (1989-93)
Fellowship Program: University of Alabama, Birmingham, AL; (1993-96)
Board Certification: American Board of Surgery.
Dr. Hamman is an Associate with Cardiac Surgical of SWFL, located at 2675 Winkler Avenue, Fort Myers.

DAVID C. RITTER, MD - SURGICAL ONCOLOGY

Dr. Ritter was born in Palo Alto, California.
Medical School: University of Texas Health & Sciences Center, Houston, TX; (1984-88)
Internship Program: University of Alabama, Birmingham, AL; (1988-89)
Residency Program: Methodist Hospital of Dallas, Dallas, TX; (1989-90)
Fellowship Program: Arthur G. James Cancer Hospital & Research Institute, Columbus, OH; (1994-96)
Board Eligible.
Dr. Ritter is an associate with Surgical Specialists located at 3596 Broadway, Fort Myers.

FOUNDATION NEWS (Continued from page 2)

1997 CHARITY BALL

Sponsorship letters have been sent to physician homes and offices. Please consider being a sponsor and help make this year's Charity Ball a huge success! The current sponsor list is as follows:

David Gutstein, M.D., P.A. (Sustaining)
Karl P. Grissom Organization (Sustaining)
Hagen, Bacon, Sweeney (Contributing)
Markham, Norton and Stroemer (Contributing)
Medical Anesthesia and Pain Management Consultants, P.A. (Silver)
Dr. and Mrs. James J. O'Mailia (Contributing)
Radiology Regional Center, P.A. (Silver)
Radiation Therapy Associates, Inc. (Sustaining)
Drs. John and Felicitas Ritrosky (Sponsors)
Michael W. Rosenberg, M.D. (Sustaining)
Marilyn Young, M.D., P.A. (Sponsor) ◆

FIMR (Fetal Infant Mortality Review Project of Southwest Florida): One Year Update

William F. Liu, M.D.

FIMR is the LCMS/HealthyStart Coalition of Southwest Florida-sponsored program seeking to better understand community factors that contribute to infant mortality.

Infant mortality rate (infant deaths/1,000 livebirths) is the sum of **neonatal deaths** (death occuring in the first month of life) plus **post-neonatal deaths** (death occurring between one month and one year of life).

Our first year has been largely devoted to gathering and analyzing vital statistics information and learning how to effectively review infant deaths from a "systems-based" perspective.

Major Findings:

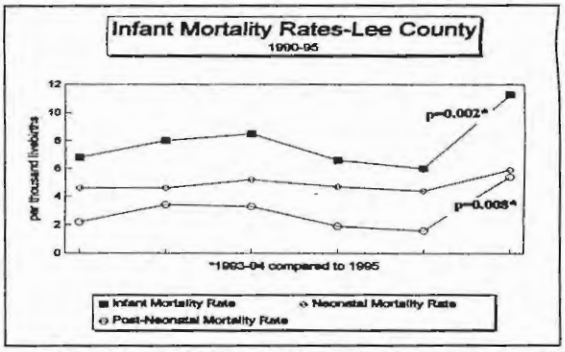
1. Infant mortality in Lee county has been overall in line with the rest of the state, until 1995. In 1995, the IMR has increased significantly, with the greatest increase in post-neonatal deaths. (esp. in white population). Hopefully, this may be an aberration and will be followed.
2. **Zip code analysis of infant deaths in 1995:**
   - 45% of all infant deaths (including 52% of all post-neonatal) occur in 3 high risk zip code areas (33905, 33916, 33917; 23% of livebirths)
   - There are many factors contributing to excess risk of death, most importantly, low birthweight. (The low birthweight infant is 50 times more likely to die in infancy in Lee county.) As expected, 43% of LBW births occur in these high risk zip codes.
   - If we could decrease the IMR in these targeted areas, even to the state average, we would see a decrease in Lee county IMR by ~35%.
3. **Death by ICD diagnosis (combined deaths from 1992-95):**
   - Major cause of preventable neonatal deaths (65%): Combined Perinatal conditions (Short gestation, RDS, birth asphyxia, birth trauma, etc). Second cause: Congenital anomalies (28%).
   - Major cause of post-neonatal deaths: (29%): SIDS (Lee county is bucking the national trend towards decreasing incidence of SIDS). Second cause: Environmental conditions (combined dx of accidents, homicide/abuse, influenza/pneumonia) 25%.
4. **Case reviews**
   - Multiple deficiencies in access to perinatal services.
   - Education and parenting issues associated with resources in the home and local community. Not enough post-neonatal cases reviewed to draw substantive conclusions.

Where we hope to go:

1. Continue to follow secular trending of our "vital signs". Hopefully, there is not a sustained negative trend.
2. Selective chart review over a 1-2 year period of neonatal and post-neonatal deaths in the three high risk zip code areas only.
3. Selective chart review over a 1-2 year period of all deaths with dx of SIDS.

Targeted reviews, with a strong emphasis on evaluation of community based deficiencies, may allow us to further recommend selective strategies for our problem areas.

We presented this data to the Community Action Group (CAG) in November. Even while we are trying to learn more, I believe the CAG will come up with some viable strategies. The March of Dimes (represented in CAG) has already begun an initiative to provide more patient education with respect to SIDS, e.g. "Back to Sleep" campaign. ◆



1997 Dues Statements have been sent

BOARD OF MEDICINE FINALIZES CME REQUIREMENTS

The Board of Medicine has finalized rules 59R-13.005 and 59R-13.006 regarding mandatory Continuing Medical Educational requirements (CME) for physician relicensure. Under the rules, physicians licensed under the Board of Medicine (M.D.'s) are required to complete 1 hour of HIV/AIDS and 1 hour of Domestic Violence each two-year licensure period. Educational training on TB has been mandated to be included within the 1 hour of HIV/AIDS training. Physicians applying for initial relicensure are required to complete 1 hour of Risk Management.

THE NEW CME REQUIREMENTS

Every physician in Florida is required to complete 40 hours of continuing medical education (CME) courses in the 24 months preceding each biennial license renewal period. One of these hours must be in Domestic Violence Education. One hour must be in Risk Management and one hour must be in AIDS/HIV Education. The application for renewal of license shall include a form on which the licensee shall state that he/she has completed the required CME. It is important to keep receipts, vouchers, certificates and other papers necessary to document completion of the CME listed on the renewal form for a period of not less than four years from the date the course was taken. The Board of Medicine will audit at random a number of licensees as is necessary to assure the CME requirements are met. ◆

Certification of Medical Review Officers Amendments to Rule 59-A24, F.A.C.

The Agency for Health Care Administration will be proposing amendments to Rule 59A-24; F.A.C., Drug-Free Workplace Standards. The deadline by which medical review officers must be certified will be extended and the provisions currently contained in Section 59A-24.008(1)(c). F.A.C. will not be enforced at this time.

59A-24.008 Review of Test Results

(1) Qualifications of Medical Review Officers

© Beginning January 1, 1997, medical review officers shall be certified as medical review officers by the American Association of Medical Review Officers, or the American College of Occupational and Environmental Medicine.

The amendments will be published in the Florida Administrative Weekly (FAW) by the end of the year. An update will be provided at that time. ◆

BIDDING ON MEDICAID HMO REOPENED

After a successful protest by PCA's Family Health Plan, Inc., Florida's Agency for Health Care Administration has agreed to new rules for HMOs that want to bid on the state's $6.7 billion Medicaid business.

PCA, one of 20 Medicaid HMOs in Florida, filed a complaint about 84 points of the agency's request for proposals. Among them was that the request sought reimbursement rates of 87 percent to 92 percent of Medicaid fee-for-service rates, rather than the current 95 percent.

As part of a settlement to end the dispute, the state set up a task force to look at those rates and make a recommendation by Feb. 1.

The state also agreed to allow Medicaid HMOs to keep their current enrollees, provided they meet a minimum score on a rating system, and dropped a plan requiring them to provide dental care and transportation. However, HMOs who submit a bid must post a $50,000 bond.

The new date for issuing contracts is Feb.1.

The state Legislature mandated this year that Medicaid recipients be enrolled in managed care. Starting early next year, the health care agency will assign 60 percent of new enrollees who don't have a preference to an HMO and 40 percent to MediPass, a PPO system.

Medicaid provides health care to 1.5 million low-income families, children, elderly and disabled residents. ◆

JANUARY GENERAL MEMBERSHIP MEETING
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7:00 p.m. - Dinner
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AUTHOR
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