LEE COUNTY MEDICAL SOCIETY

# Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 24, NO. 6 | FORT MYERS, FLORIDA | MARY BLUE, M.D., EDITOR | OCTOBER 2000

**LEE COUNTY MEDICAL SOCIETY**
**2000 MEMBERSHIP MEETINGS**

**NO MEETING IN OCTOBER**

**November 20, 2000**
Royal Palm Yacht Club
6:30 PM

*Program:* Retirement–To Be Or Not To Be, That Is The Question?

*Speaker:* F.L. Howington, M.D.

*Cost:* $25 for guest and retired members

## Physicians in the News

**CONGRATULATIONS TO**

**Robert P. Antonio, M.D.** who is now "Happily Retired" after serving SW Florida for 21 years!

**AND TO**

**Steven R. West, M.D.** who was appointed chairman of the FMA Legislative Council for 2000-2001 by Terry McCoy, M.D., President of the FMA.

## Inserts

1. **MCCOURT SCHOLARSHIP FUND**
2. **STEPS TO TAKE TO FINE TUNE TELEPHONE SKILLS**
3. **LOCAL PUBLICITY BUILDS PATIENT VOLUME**
4. ***PROMPT BILL PAY PASSES; OCTOBER 1 EFFECTIVE DATE***
5. **PRESIDENTIAL PRESCRIPTIONS**

## Next Month In the November Bulletin…

**HIGHLIGHTS OF THE FMA ANNUAL MEETING**

## *–In This Issue…–*



**PRESIDENT'S MESSAGE**

## What's the View from Your Hospital Room?

*Bruce J. Lipschutz, D.O.*

Ever since I was a medical student during the early 1980's, I have been fascinated by the views that I have seen from various hospital rooms around the country. Some were in the inner city, looking over dirty gray rooftops; others were a beautiful picture window overlooking a brick wall. Some were in rural hospitals and had views of beautiful rolling hills where the eye could gaze for miles. Soon after, I came to Fort Myers as an aspiring young internist and the views were even better. I was excited about practice in a new community. The views from Lee Memorial and Southwest Florida Regional Medical Center, the original hospitals in town, were that of city streets. Perhaps from the top floors of Lee you could view the river and beyond. By the mid 1990's, the lakes and unspoiled trees around Health Park came into view and Gulf Coast Hospital rooms peered upon the as yet to be built property of Metro Parkway.

The "views" inside my head were changing too. My view of medicine was slowly beginning to become tarnished as medicine was becoming more corporatized, more patient volume driven, and with a deterioration of the patient-physician relationship. The views from the windows were no longer important as our profession came under attack from so many forces, i.e. trial bar, managed care, and even ourselves.

Whether you believe it or not, I have come to realize that organized medicine has always been an island of hope, to ensure our view of medicine stays clear. I know a lot of you reading this will say that he's probably writing this because he is president of the Lee County Medical Society but that's really not true. This past Labor Day weekend, while many of my colleagues were barbecuing, golfing or fishing, I and a contingent of delegates including **Howard Barrow, M.D.; Peter H. Blitzer, M.D.; Valerie Crandall, M.D.; James Fuller, M.D.; Ralph Gregg, M.D.; Eliot Hoffman, M.D.; David Reardon, M.D.,** Chair of the LCMS Delegates; **David Shapiro, M.D.; Alan Siegel, M.D.; Joel T. Van Sickler, M.D.;** and **Steven West, M.D.** attended the annual Florida Medical Association Meeting. It was yet another reminder of how a relatively small percentage of dedicated physicians, not only from Lee County, but from all over the state come together not only to praise the accomplishments of the many dedicated physicians in our state but to take the time to fight for various causes related to our profession so as to ensure that organized medicine continues to have a voice.

For those of you who are unfamiliar with the FMA Annual Meeting, it is a three-day meeting held this year in Orlando. Meeting sessions center around the concept of physicians bringing resolutions, previously debated in smaller groups to the convention floor. Many of these resolutions are written with the hope that they will find their way to state legislators or state agencies and improve the quality of medical care. The details of the convention I will not list here, but it's certainly a democracy in action. Sitting at our delegates' table, I felt a sense of pride that I was actively doing something for my profession, and speaking up for resolutions in which I believed. The lists of resolutions passed over the years are too numerous to count, but in the past successful resolutions have included ensuring that allied health personnel including ARNPs, optometrists, psychologists, pharmacists, and physician assistants are precluded from gaining certain privileges without attending medical school. Others have ensured HMO accountability for medical decisions.

I came home from our convention reflecting that so many of my colleagues agree with the concepts but were unwilling to participate in the organization. This has saddened me, and again I urge and challenge all of you to become more involved. Otherwise, as you've heard many times before, others will dramatically change our profession from what we know today.

As I continue to make rounds at all the hospitals, I can only wonder how the views from hospital windows are changing, not only in our community, but all around the country. If we all stay involved in organized medicine, the views from our hospital rooms and of our profession will remain clear.

## FMA Board of Governors Meeting July 3-4, 2000

*By Steven R. West M.D. - Your Representative to the FMA*

The Florida Medical Association Board of Governors meeting was held on July 3 & 4 in Boca Raton, Florida. I want to share with you the highlights of the meeting. Please give me a call at 941-433-8888 (work) or e-mail me at stewest@attglobal.net if you have any questions or concerns. I look forward to hearing from you.

The financial status of the FMA continues to slowly improve. This is in a large part due to the excellent work of Dr. Barbara Harty-Golder, the treasurer, and the FMA staff under the leadership of Sandra Mortham. They are constantly looking for ways to save money and avoid waste. Despite their best efforts, dues income is down approximately $48,000. However, non-dues income to finance the annual meeting is over $90,000. The FMA Annual Meeting is being held at the Orlando World Center Marriott Resort and Convention Center September 1-3, 2000.

As mentioned above, membership is down more than the budgeted or anticipated 4% decline. The Membership Committee asked that the discount membership pilot project be continued as well as the group practice discount pilot project. These programs have been successful in recruiting and retaining members. It is recommended that these programs be continued and expanded. I cannot place enough emphasis on the importance of all of us to work on expanding the membership. The Board approved these membership programs.

Dr. Yank Coble, AMA Board of Trustees and soon to be President-Elect of the AMA, reported on the AMA's efforts to pass the Patient Bill of Rights Legislation and the Campbell Bill. He talked also about the financial challenges facing the AMA and the steps taken cutting cost and improving the AMA.

*Continued on Page 4*

**AS I RECALL...**

## Morbid Science

*Roger D. Scott, M.D.*

A pathologist is one "skilled in the science that treats of morbid conditions, their causes, nature, etc." We have been blessed over the years with many fine skilled pathologists and have fortunately had only a few morbid ones. Pathologists were hospital employees for many years.

Prior to 1957, all tissues were only grossly examined by the surgeon (no pathologist available) and then into the garbage can (how you like "dat" OSHA, EPA, DPR, etc!). In 1957, Lee Memorial (our only hospital) hired the first pathologist for this community, Newton W. Larkum, M.D. Newt was older when he came here and I'm not sure of the extent of his pathology training. He lived to the ripe old age of 80's and died about 10 or 15 years ago. Thad Rodda was here for only a brief period and in 1959-60 was joined by John Kruger (wife was Ola, my mother's name). John brought in Wallace Graves and Bob Schultz in 1965. Charles Blumstein was here for a period somewhere here. John Kruger moved back to Virginia in 1968 and Heinrich O. E. Schmidt, a very precise German (who as a youth in Hamburg Germany survived WWII bombings) arrived. Heinrich built a house somewhere near McGregor Isles and during the "open house" I looked down at his swimming pool from the upstairs and noted a very distinct shape of an old fashioned coffin (seemed to be very appropriate for a pathologist!). Heinrich was unaware of this particular shape until it was called to his attention. He and Elke moved to Naples and remained there for some years but their whereabouts are unknown at this time. Peter Rosier and Lou Lefer joined LMH in 1973-74 and became Chiefs at LMH in 1976. These two left memorable legacies; one documented in two or more books, TV, and radio shows and the other one by "word of mouth." They did bring in a number of new pathologists over the years who lasted only a brief period. Ronald Giffler, Fred Odere, Allan V. Richman, Isaac Cruz, and Lawrence Gilbert. Tammy Sanderson came in 1980 along with Stanley Sprei and they were later joined by Eugene Pearlman, Kathleen Bates, and J. Paul Hughes. George C. Kalemeris arrived in 1985 and shortly thereafter became the Chief of the Department at Lee–a position he still holds. Following closely were Richard Fernandez, Miguel Brito, Thomas Ziegler, and in July 1987 P.J. Tsakalakis. Steve Aleshire, Victoria Cruz, and Debra Mahoney came later and were here for only a few years.

In 1976, Ft. Myers Community Hospital opened its doors and Wally Graves & Bob Schultz were going to cover both hospitals. John Gadd (LMH Administrator) said they could not work at both hospitals so they chose to join FMCH. Rosier and Lefer were then left to become Chiefs at LMH.

Larry Hughes joined Graves & Schultz at FMCH. Some of you may remember that Larry was a pathologist and decided that he did not want to continue in the "morbid profession" and returned to family practice here in Ft. Myers for some years. Later joining FMCH were Larry Seidenstein, Steve Levine, Mary Blue, and Dave Reardon who now form the nucleus of SWRMC. Somewhere along the way Ernie Kalamoto was here for a spell. Wally Graves became more interested in becoming the Lee County Medical Examiner and ultimately this became a full time position. Bob Schultz, always interested in blood banking, left hospital pathology and now heads the Edison Blood Bank. All the way from Newt Larkum to the present there has been ever updating and improvement in pathology and laboratory services at our hospitals.

*Continued on Page 2*

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The editors welcome contributions from members. Opinions expressed in the *Bulletin* are those of the individual authors and do not necessarily reflect policies of the Society.

**PRINTERS** Distinct Impressions

## Membership Activities

### NEW MEMBERS

Gary S. Allen, M.D. – Cardiothoracic Surgery
Leonard Benitez, M.D. – General Surgery
Kevin Carroll, M.D. – Radiology
Anita Del Bianco, M.D. – Ob/Gyn
Valerie Dyke, M.D. – General & Colon-Rectal Surgery
A. Tom Ghuman, M.D. – Ophthalmology
William Hearn, D.O. – Radiology
Thad Kammerlocher, M.D. – General/Vascular Surgery
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Lawrence Leigh, M.D. – Radiology
Constantine Mantz, M.D. – Radiology/ Radiation Oncology
Kenneth Towe, M.D. – Cardiovascular Disease
Dean Traiger, M.D. – Family Practice

### MOVED

John M. Petersen, D.O.
Teaching position at University of Florida

### RETIRED

Robert Antonio, M.D.

### LCMS Stats

**AUGUST 14, 2000 - SEPTEMBER 17, 2000**

| | Current | YTD |
|---|---|---|
| Total Phone Calls Received | 385 | 2879 |
| From Physicians and Office Staff | 126 | 881 |
| For Referrals | 19 | 250 |
| For Background Checks | 17 | 171 |
| Filing Complaints | 3 | 44 |
| Regarding Non-Members | 10 | 102 |
| Regarding Alliance | 13 | 102 |
| Regarding CMS, FMA, and AMA | 23 | 204 |
| Miscellaneous Calls | 174 | 1125 |
| Meetings | 16 | 79 |
| Attended on behalf of LCMS | 10 | 52 |
| Society Meetings | 6 | 27 |
| Applications Sent to Physicians | 18 | 57 |
| Pictorial Directories Distributed | 6 | 40 |

## Searching for Our Past: A Medical Museum in Lee County

*By Jacob H. Goldberger M.D*

As we enter the twenty-first century, it is time to recognize and reflect on the monumental changes and growth that our medical community has experienced in just a few short years. Though historically SW Florida is a relatively young community, it can trace its medical history back to the 1920's. In contrast, the more northern geographical region of the country has a much older legacy dating back to early 1800's.

The surge in medical growth of Lee County did not begin until after WWII. At that time, the medical community consisted of only a single, small hospital and no more than fifty physicians. It has, however, evolved into a robust, sophisticated, and maturing medical community of over one thousand doctors and five hospitals. Yet in spite of this rapid growth, we have made no provisions to record or preserve our heritage. Sadly, we have neglected to collect important historical artifacts and records. The hospitals in our community have failed to preserve important historical events and recordings of significant breakthroughs in therapeutics and technology. Physicians that have practiced here for years, as well as those that have left the area or have passed away have tragically disposed of historical documents and artifacts. Many are now permanently lost. It is unfortunate that the estates of these physicians have not had a place to deposit these vital links to our past. Dr. Roger Scott, in his article in the May *Bulletin* to the Lee County Medical Society, very correctly observed that "History is extremely important and we should leave for our descendants some record of our time. Where in the world would we be if our ancestors had not been gracious enough to leave legacies for us?" I would further add that civilization, as we know it, would not flourish or exist without the preservation of historical knowledge.

On a local level, I have observed from time to time more senior physicians sitting in the doctor's lounge reminiscing on events and experiences they have had in our community in their early years of their practice. Doctors Roger Scott and John Agnew are our most notable historians by default, they included in the Society *Bulletin* wonderful stories, anecdotes, and observations about their early experiences in Fort Myers. Yet, many of our contemporaries will never enjoy these writings since there is no place to store or preserve them.

What about some of the early events in the modern era of therapeutics? Where are the first anesthesia bellows or machines? Where are the records of the practitioners in the early fifties who first used penicillin to treat deadly infection? What did the hospital bill and doctor charges look like in the forties during the war? Which physicians fought in World War II and what was their experience? We can spend years searching out our history but probably in vain, since not much of it can easily be found.

After the tragic loss of my good friend and partner, Dr. David Bernstein, I have decided to lead the initiative and establish a medical museum as a tribute to his memory. The Bernstein family and close friends have committed the initial funding for this project. The David M. Bernstein Medical Museum has been approved by the Lee County Medical Society Board. The museum will be an affiliate of the Lee County Medical Society but will be financially independent and non-profit. It will be guided by a Board of Directors with volunteers and will be seeking a non-profit corporate status. The mission of the museum will be to establish a historical collection of medical and surgical artifacts and to preserve historical documents as related to the Lee County medical community.

As many of you know, there are several communities in Florida as well as throughout the country who have successfully established respectable museums. I have visited a few in-state and I am very encouraged by the pride and commitment in maintaining a showcase of their historical heritage.

Our medical community will be asked for their financial donations and for contributions to the collection of important documents and artifacts. I believe that this is the beginning of an important historical medical monument to this community that will enrich and educate future generations in years to come.

I am convinced that our community will be supportive, and that this project will be successful. I call upon all of you to get involved and take pride in this endeavor.

## Retaining Your Practice's Employees – A Key to Success

*By Jerry Hermanson*

The old adage that good employees are hard to find is as true today as it ever was. But sometimes it seems it's even harder to keep those good employees. So, once you've found that outstanding asset make sure you do what you can to ensure they stay for as long as possible. With the cost of hiring and the cost of training, it only makes sense to invest a little in keeping your employees happy and productive.

Employees become unhappy and leave for a number of reasons. Some of the reasons stem from situations over which you have no control, but the majority leave because they are dissatisfied with one or more aspects of their job. While most employees, when interviewed following termination, give general reasons for leaving like, "they didn't treat me fairly" or "they expected too much from me" there is usually one or more specific problems contributing to their unhappiness.

A series of problems, which come under the heading of ineffective communications, lead the list of problems that cause employees to become frustrated and leave their jobs. You should review these potential problems and make sure you address them in your practice.

All too often, people are hired and never told specifically what is expected of them. Statements like, "you'll be the doctor's right hand helper" or "you'll get to do just about everything" will create confusing expectations on the part of the new employee. All employees need to know specifically what their job entails. You should create a written job description for each employee in the office. It should list every normal task you expect the employee to do. You should also indicate who the immediate supervisor is so that clear authority is established.

A written document indicating the schedule the employee is expected to work, their title, the amount of their pay, and when they can expect to be reviewed and offered a pay raise should be given to each employee when they are hired. This document along with the job description should be made a part of their employee file. Don't forget to review both documents at least yearly and make changes as necessary.

Also, as a part of communication, regular office meetings should be held to update employees of what is going on with the practice and to give them a chance to bring up concerns. Those concerns are your opportunity to identify problems before they become reasons for an employee to leave. When issues are brought up, make sure you address them in a timely fashion. Simply listening to them and never getting back to the employee with your answers will add to the frustration the employee may be feeling.

Another area that causes frustrations that can lead to employee's quitting is regular overtime demands. Every office should attempt to keep to a well-defined appointment and work schedule. While there will always be occasions when you need to stay late to get all the appointments covered, it should not happen on a frequent basis. Regularly double booking patients or not allowing a reasonable time for each appointment will mean late office hours and will lead to an unhappy staff. When an employee has to stay late it requires them to hastily change personal plans. Remember, if you require staff to stay past their regular hours you are required to pay time and a half for the overtime. Just because you consider the employee to be on a salary, does not relieve you of the responsibility of paying overtime. An employee must qualify as an "exempt employee" to relieve you of this responsibility. Very few employees in a physician's practice will meet the requirement for that status.

Poorly trained employees will also become frustrated. Never place an employee in a job they are not qualified to perform. Try to hire individuals who have either the formal training needed or who have sufficient on-the-job experience to do the job you want them to fill. If you plan to hire someone that "you can train" make sure you really train him or her. Most practices don't have the time to provide adequate training. So, if you do hire an on-the-job trainee and can't give them the time, arrange to send them to a course of training that will give them what they need. Remember, employees that are not properly trained will not give you the support you or your patients need and will eventually leave.

Retaining good employees really comes down to communicating with them, treating them fairly and never asking them to do things they're not qualified to do. Problems will always arise that can make an employee unhappy, frustrated or uncomfortable. If that is not, however, the norm they will deal with those situations on a case by case basis. But, if you allow an atmosphere to exist that constantly creates frustrations for your staff, you will have regular employee turnover. It's your choice.

Jerry Hermanson is a senior consultant for Healthcare Integration Consultants, Inc. He may be reached toll free at (877) 941-1338 or by email at jhceo@aol.com

*Reprinted with permission. Article appeared in the August 2000 issue of On Call.*

## Alliance / Foundation News

*Respectfully submitted by Monica Schneider, Corresponding Secretary*

### THE "BEAR" FACTS

After taking the summer months off, the Buckle Bear Committee will begin presenting our car safety puppet show, The Buckle Bear Good Passenger Program, in September. This educational community service project has the distinction of being the only car safety program for children in Lee County and is endorsed by several community agencies including the Lee County Health Department, Lee County Injury Prevention Coalition, Lee County Safe Kids Coalition, Lee County Traffic Safety Team and Childcare of Southwest Florida. This program has also been honored with a First Place Award of Excellence by the Florida Medical Association Alliance for two years in a row as the best Youth Oriented Health Education Program in the state. Buckle Bear emphasizes many important aspects of car safety such as sitting in the back seat, buckling the seat belt over your hips and riding quietly so that the driver is not distracted. This friendly lap puppet has a special way of reaching out to children in a way they can understand.

During the 1999-2000 school year our Alliance performed this program in 43 schools and to 1777 children. We will be offering Buckle Bear to about 70 preschools this year and could use help on the committee. If you enjoy children and performing in front of a small group, this would be a great way to become involved. Call Sherri Zucker (489-0773) if you are interested or want more information.

The Buckle Bear Program provides a valuable service to our county and fulfills the part of our Alliance mission statement related to health education! Always remember to Buckle Up!!

### THE RESULTS ARE IN!

The ballots have been counted and the 2001 Charity Ball major recipient chosen by the Alliance general members is The Children's Hospital Emergency Center. The proceeds will be used to assist with procuring a new pediatric treatment room, including an EKG machine with a modem, and pyxis medication machine.

Again, we would like to thank last year's Charity Ball chairs, Donna Homolka, Vivian Lang, and Fran Fenning, and their committees, for their great work last year. Thanks to Lin Wade and her committee this year as they are already working so hard to ensure that we can keep this wonderful tradition up and serve our community so well!


### AS I RECALL... *(Continued from Page 1)*

Many medical decisions are based upon the pathology & lab reports, and we are very dependent upon the pathologist's astuteness and ability to correctly and faithfully interpret the studies. Occasionally when one of them disagrees with my clinical diagnosis I become "pithed" (so said the tongue-tied surgeon) and call them pithologists (pith as neurologically speaking). Sometimes it is very difficult for the pathologist to grasp the full picture without clinical correlations with the practicing physician. Usually when discussed, the problems are solved. In comparing George Kalemeris' picture now as President of the LMH Medical Staff and his 1997 picture as President of the LCMS, it appears that I may have been entirely too hard on him. There is significant difference in his hairline and skin contour. I wish to make this public apology to George for being so stressful to him over the years.

Pathologists, anesthesiologists, and morticians are most often the people who see our final results from surgery, and it is always an honor to have any of them as a patient.

In an article such as this where there are many persons included and long spans of history are covered, some information may be incorrect. I am always grateful to have someone send a letter to the editor offering corrections.

Our pathologists really aren't morbid but the definition sounded too good to pass up.

Ain't it nice that there are no deaths or goodbyes to report this month?

## New Member Applicants

### APPLICATION FOR MEMBERSHIP

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

**DANIEL APPELBAUM, M.D. – DIAGNOSTIC RADIOLOGY**
*Medical School:* Mt. Sinai School of Medicine, New York, NY (1991-95)
*Residency:* University of Chicago, Chicago, IL (1995-99)
*Fellowship:* Mallinckrodt Institute of Radiology, St. Louis, MO (99-00)
*Board Certification:* American Board of Radiology in Diagnostic Radiology
Dr. Appelbaum is in group practice at Radiology Regional Center, located at 3680 Broadway, Fort Myers.

**MANUEL ANGEL GARCIA, M.D. – FAMILY PRACTICE**
*Medical School:* Universidad de Oviedo, Oveido, Spain (1982-88)
*Internship & Residency:* Univ. of Texas Health Science Center, Houston, TX (1991-93)
*Board Certification:* American Board of Family Practice
*Fellowship:*
Dr. Garcia is in practice at Family Practice at Riverwalk, which is located at 8380 Riverwalk Park Blvd., Suite 100, Fort Myers.

**A. TOM GHUMAN, M.D. – OPHTHALMOLOGY, RETINA/VITREOUS**
*Medical School:* University of Texas, Galveston, TX (1991-95)
*Internship:* St. Joseph Hospital, Houston, TX (1995-96)
*Residency:* University of Texas, Health Science Center, Houston, TX (1996-99)
*Fellowship:* Ruby Memorial Hospital Morgantown, WV (1999-00)
Dr. Ghuman is an associate with Retina Consultants of SW Florida at 2668 Winkler Avenue, Fort Myers.

**LAWRENCE LEIGH, M.D. – DIAGNOSTIC RADIOLOGY**
*Medical School:* University of Witwatersrand, Johannesburg, South Africa (1986-91)
*Internship :* Boston University Medical Center, Boston, MA (1994-95)
*Residency:* Beth Israel Deaconess Medical Center, Boston, MA (1995-99)
*Fellowship:* Beth Israel Deaconess Medical Center, Boston, MA (1999-00)
*Board Certification:* American Board of Radiology
Dr. Leigh is in group practice at Radiology Regional Center at 3680 Broadway, Fort Myers.

## Health Salvation or Snake Oil?

### HELPING YOUR PATIENTS NAVIGATE THE HEALTH INTERNET

*by Michael Barnaby*

Patients' use of the Internet to gather healthcare information increases daily–a recent Harris Interactive (Harris Poll) survey of 1,001 adults showed that in May and June 56% reported accessing the Internet, and 86% of those said they searched for healthcare information online. Most respondents (40%) said they search the Internet for health information "sometimes," 33% "very occasionally," and 13% reported seeking health information online "often."

An estimated twenty-five thousand health-related websites now crowd the World Wide Web, each vying for consumer, patient and physician attention, or "eyeballs." With numbers that large, the question becomes: where does one begin when seeking health information on the Internet? How do your patients sort the wheat from the chaff? What criteria should a person apply–or a physician offer a patient?

Many attempts have been made to develop instruments for evaluating health websites. At the time of its printing in 1999, one government study listed 29 different articles and evaluation tools available to consumers. But the tools themselves can be daunting - for example, the Rollins School of Health at Emory University offers a three page, 35-point evaluation form. Can we expect the average layman–your patient–or casual "surfer" to study each site in such depth?

Although a comparatively new medium, with important and exciting uses and much potential, the Internet in many ways can and should be compared to the world of print - newspapers, magazines, etc. And based on this, the same golden rule must still apply: Caveat emptor–Let the buyer beware.

With the exception of government, educational or university sites (net addresses ending in ".gov" and ".edu"), everyone is on the world wide web for the same reason–to make a profit. Businesses, individuals and organizations (".org") abound, literally by the millions, with endless agendas–marketing, social, political or personal. Whether to make a sale or a convert, there's a product at the end. This isn't meant to be taken as a negative statement, only as a reality.

Given this, before we attempt to evaluate them, can we possibly categorize these twenty-five thousand-plus health sites? Broadly speaking, I would categorize them as follows: "portals," products and services, condition-or-cause-specific, governmental and educational, and global. As we'll see, they are often difficult to differentiate, with blurring of the lines often difficult to detect. A sample of each type follows:

- **Healthfinder at http://www.healthfinder.gov** This site, sponsored by the United States Department of Health and Human Services, calls itself "a free gateway to reliable consumer health and human services information," and offers "selected online publications, clearinghouses, databases, web sites, and support and self-help groups, as well as the government agencies and not-for-profit organizations that produce reliable information for the public." Healthfinder is an excellent example of both a governmental and health portal, or gateway, site.
- **American Heart Association at http://www.americanheart.org** This non-profit, organizational site clearly is dedicated to a single subject or condition - the heart and its health. Nutrition, heart disease, stroke, exercise, science and much more are offered, but always pertaining to things coronary.
- **Typing http://134.184.33.110/phreno/index.html** into your web browser address bar will take you to **The Phrenology Page**, an in-depth, true-believer site extolling the benefits of basing a person's character on the shape of the skull. This site, along with **NoFluoride2OOO, at http://www.nofluoride.com/**, would be considered "single-cause" sites.
- **MedMarket.com, at http://www.discountmedmarket.com** is a typical site for purchasing medical products online.
- **The scope of WebMD, at http://www.webmd.com** is global. They claim to be "the only company connecting all parties in healthcare - from patients to physicians to hospitals to insurers to employers and all other healthcare organizations."

Upcoming: ways to select and recommend the best in healthcare websites to your patients, as well as reviews of specific websites devoted to both the physician and patient.

*Lee County Health Department*
*Judith A. Hartner, M.D., M.P.H., Director*

## Handheld e-Prescribing

### NEW TECHNOLOGY IMPROVES THE PRESCRIPTION PROCESS - *By Matthew Frankel, M.D.*

Recent technological advances have enabled us to prescribe, perform, and provide treatments that were once only dreams. Even with these improvements, most of us still use paper charts and handwritten scripts and record vital entries manually. Current advances in technology, however, are changing this. Electronic prescribing is the first application in the medical field that has shown significant results.

Electronic prescribing addresses one of the most preventable problems in medical care–medication errors. This issue became front-page news when a report by the Institute of Medicine was released, showing that errors involving prescriptions kill *approximately 7,000 Americans per year.* This article was followed by an abstract by Gandhi et al from Brigham and Women's Hospital in Boston, MA, concluding that the incorporation of an electronic prescribing system into an outpatient clinic lead to a significantly lesser rate of medication errors when compared with a similar clinic that used handwritten prescriptions (6% vs. 34%, p <. 0001).

**How does handheld electronic prescribing work?**

Handheld electronic prescribing simplifies and improves the prescribing process. While completing an electronic script takes about the same time as a handwritten script, many of today's handheld devices provide us with information that pen and paper have never been able to deliver.

Systems vary in their functionality, but all serve to eliminate errors and make our lives easier. With one system, you select the patient, the diagnosis and the prescription from an existing database. Once the script is complete, some devices, including those from iScribe, ePhysician, and Parkstone, require you to step outside of the exam room to transfer the data via a serial or infrared port. Some intelligent systems continually interface with a mainframe computer via radio frequency. This format allows you to remain with the patient and offers real time access to innumerable formularies, prescription histories, and complete patient lists. One such system, from Allscripts, assesses formulary compliance, confirms dosage appropriateness, and searches for patient allergies and potential drug interactions while you "write" the script in the exam room.

Once a script is complete, there are a number of fulfillment options. The prescription can be sent electronically to the pharmacy of the patient's choice, printed out, or in many states, dispensed in the doctor's office.

**What are the benefits?**

You will immediately recognize the advantages of handheld prescribing. The most profound benefit is a heightened sense of security that patients are taking the right medication. Other clear benefits associated with e-prescribing are a lower risk of litigation, more efficient workflow pattern, and improved patient compliance. In addition, a legible script that's formulary compliant reduces cutbacks and improves office efficiency. Last, but not least, a script forwarded electronically to a pharmacy or directly dispensed in the office greatly enhances patient's satisfaction.

**What's Next?**

Integrated systems that include dictation, access to lab and radiology results, e-mail, Internet access, automated patient instructions, charge capture and more are coming soon. These point-of-care applications will not only aid doctors in their daily practices, but will also become an essential office component as they streamline and enhance clinical processes. Electronic prescribing is a proven asset. As devices evolve to include additional applications, everyone in the care process, from physicians to patients, will benefit.

*Source: Institute for Safe Medication Practices, 4/2000*

**VENDORS OF HANDHELD ELECTRONIC PRESCRIBING DEVICES**

| Company | No. of Physician Users* |
|---|---|
| All Scripts, Inc. | 2,000 |
| Autros Healthcare Solutions | ** |
| DocPlanet.com | *** |
| Ephysician | *** |
| Iscribe | *** |
| Notre | >100 |
| Parkstone Medical Information Systems | >300 |
| Way Over the Line, LLC | *** |
| Wireless M.D. | *** |

* As of 1/1/00 ** Inpatient application only; no US installations yet *** Scheduled for release in 2000

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## What Has the FMA Done for You Lately?

*By Sandra B. Mortham - CEO/EVP Florida Medical Association*

When the Legislative session ended on May 5, 2000, some people thought the FMA staff would be taking it easy for the summer. Nothing could be further from the truth. On an almost daily basis a group or board or association makes a new attempt to take away the rights of physicians to practice medicine. The FMA staff works year round to ensure that the voice of medicine is heard and that your rights are preserved. These battles are not confined to the few months of the year that the Legislature is in session. Some of the issues affect all medical doctors but much of the work we do is for particular specialties. Look below to see how we have been helping you over the last few months:

**Surgical specialties:** The FMA Legal and Legislative staff began working on the office surgery issue almost three years ago when the Board of Medicine began to rewrite the rules regulating office surgeries. But when out of nowhere the Board issued an immediate moratorium on all Level III office surgeries, the FMA went high gear, working full time to address this unfair action. Within hours FMA lawyers had filed for an injunction in the District Court of Appeal. At the same time, the FMA began to meet with the parties to negotiate an end to the moratorium should the legal appeal fail. When the DCA refused to stop the moratorium, the FMA put all of its energies into the negotiations. FMA staff met with all of the specialty societies, as well as with the Secretary of the Department of Health and the Chairman of the Board of Medicine, making sure that you were represented in the process.

**Psychiatry:** When the Florida Psychiatric Society and a group of four psychiatrists approached the FMA Legal staff with a problem they were having with a state agency, the FMA agreed to help. The FMA worked with the FPS and the psychiatrists to have the matter heard before the Board of Medicine. The Board agreed that the psychiatrists' ability to practice medicine was being impeded and issued a declaratory statement. The FMA is continuing to work on the issue to ensure that the necessary follow-up action is taken by the agency.

**Dermatology:** When the Florida Society of Dermatology came to the FMA expressing concern about burdensome regulations being placed on physicians who perform Level I surgeries, the FMA went before the Board of Medicine. The FMA convinced the Board to have FMA legal counsel work with the Board attorney to redraft the requirements to meet the concerns of the dermatologists.

**Family physicians:** When the Legislature passed a law making it more difficult for physicians to prescribe pain medications to patients in need, the FMA began to meet with the parties to get the law changed. When the Board of Nursing passed a rule "allowing nurses to prescribe controlled substances," the FMA took the rule to court and had it invalidated. When the Board of Nursing appealed the decision, the FMA was there to continue the fight.

**Orthopedic physicians:** When the Board of Podiatry passed a rule allowing podiatrists to widen their scope of practice, the FMA took the rule to court and had it invalidated. After the Board of Podiatry appealed the decision, the FMA was there to continue the fight.

**Ophthalmologists:** When the optometrists tried to expand their scope of practice, the FMA met with managed care companies and the Department of Insurance to stop this encroachment into the practice of medicine. We are continuing the battle and won't stop until we succeed.

The next time you talk to a physician who is not a member of the FMA, tell them you are tired of carrying the load on your own. Explain that the FMA is there for each and every specialty and is fighting a battle with many opponents. Encourage them to join the voice of medicine by becoming a member!

## FMA BOARD OF GOVERNORS MEETING JULY 3-4, 2000

*(Continued from Page 1)*

The council on Legislation submitted the following 2001 Legislative Agenda to the Board of Governors for approval. The Board adopted the following:

1. Continued reduction of PMATF tax
2. Prohibition of all products clauses in managed care contracts
3. HMO Accountability
4. Public records exemptions for office incident reporting
5. Increase in Medicaid reimbursement rates
6. Post operative eye care conducted by a physician only
7. PIP timeframe of payments extended
8. Medical malpractice tort reform, expert witness and subsequent treating provider
9. Opposition to scope or practice expansion
10. Hospital peer review issues
11. Freedom for physicians to negotiate (a state version of the Campbell Bill)
12. Foreign medical license exam repeal

We heard from the medical director of the PRO regarding their next scope of work. It appears that the PRO remains involved in providing quality improvement projects and not the old case reviews with sanctioning of physicians.

PBF, People for a Better Florida's Vice Chairman & Treasurer, Dr. Miguel A. Machado, presented information regarding this issue advocacy organization developed with the help and input of many in the FMA. Doctor Machado reported that funding for this organization is going better than expected. PBF has already developed a radio commercial aired in Tallahassee during the legislative session. This radio commercial is credited with helping pass the FMA's managed care agenda. This commercial is dynamite and well done. People for a Better Florida is a non-profit organization engaged in advocating an issue agenda on health and medical issues related to promoting a strong economy. PBF is exempt from federal income tax under section 527 of the Internal Revenue Code. This organization will allow a pro patient, pro medicine perspective to be heard by the public and this perspective will help shape the debate on health care issues. CMS and physicians should strongly consider supporting PBF. If you have any further questions regarding PBF, feel free to contact Dr. Machado at (904) 827-1711.

There was discussion regarding election of the members to the Board of Governors. Currently, the district members run in statewide races. There is a suggestion that it might be better if these members are elected only in district-wide races. I would be interested in your opinion regarding the election of members to the Board of Governors.

In Broward County, many physicians have been dropped by their malpractice carrier PHICO. They are having trouble obtaining affordable coverage. There is concern that this may happen to over 300 Docs in Palm Beach.

Look for a tube, which you probably have already received form the FMA in the mail. It contains the 2000 Legislative scorecard. You can find out how your legislator voted. There is the FMA Journal with an issue on Plastic Surgery, a quarterly report of the successfully completed legislative session and a poster that by law needs to be placed in your practice waiting room informing patients how to report problems with their HMO. Check out the new FMA web page www.fmaonline.org.

Please do not forget the up coming elections with over 70 open seats in the Florida Legislature due to term limits. This is a very critical election. Please remind and encourage your members to join FLAMPAC and the 1000 Club. Interview the candidates and support those who will support our patients and us. We have 3,800 members of FLAMPAC we need 700 more to reach this years goal. There are over 500, 1000 Club members. Please recruit more.

Please call me if you have any questions, concerns or ideas.

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