

LEE COUNTY
MEDICAL
SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 25, NO. 02

FORT MYERS, FLORIDA
MARY C. BLUE, M.D., EDITOR

APRIL 2001

LEE COUNTY MEDICAL SOCIETY
MEETINGS FOR 2001

NO APRIL GENERAL MEETING

MONDAY, MAY 14, 2001
GENERAL MEMBERSHIP MEETINGRoyal Palm Yacht Club
6:00 P.M. - Dinner
7:00 P.M. - Program

Dinner will be served promptly at 6:00 P.M. Program promptly at 7:00 P.M. You must stay the complete two (2) hours to receive the credits. This year, you may substitute 2 hours of End-of-Life CME in place of HIV/AIDS and Domestic Violence if you completed them in the previous biennium.

"End-of-Life Issues and Palliative Care"

Mary Stegman, M.D.

Cypress Pain Mgmt and Palliative Medicine
andDiane E. Smith, M.D., Medical Director
Hope Hospice & Palliative CareCosts: Members \$25.00
Non Members \$75.00Mail your reservations and check to the LCMS
P.O. Box 60041
Fort Myers, FL 33906

2 HOURS OF CME

"This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida Medical Association and the Lee County Medical Society. The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians."

The Florida Medical Association designates this activity for a maximum of 2 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity."

Inserts

① "WE ARE THE LEE COUNTY
MEDICAL SOCIETY" BROCHURE② MCCOURT SCHOLARSHIP FUND
RECOMMENDATION FORM③ LCMS ALLIANCE
ACCOMPLISHMENTSPRESIDENT'S MESSAGE
Civilians in the Control Room

Peter Blitzer, M.D.

Like most Americans, I was dismayed to learn that there were sixteen civilians in the control room of the USS Greenville when it accidentally rammed and sank a Japanese fishing trawler carrying high school students. I had no idea that the U.S. Navy regularly has been taking civilians on warships and letting them steer.

Jokingly, I thought that maybe the Navy was onto something. In fact, in a year or two, after the furor over civilians on the Greenville has blown over, the Navy will probably be back at it again. After all, letting civilians operate dangerous equipment is a sure way to reward them for their support. Maybe doctors should do the same thing!

I laughed at the possibilities. We radiation oncologists would encourage our friends to come in and run the linear accelerators. Maybe the neurosurgeons would let folks come into the operating room and try their hand at brain surgery. Pediatricians would have non-physicians choose the treatment for patients with pneumonia!

Wait a second! The joke is on us.
We do have non-physicians in the "control room".

Physician Lobbyists—
THE MOST IMPORTANT PART OF OUR FMA LEGISLATIVE PROGRAM
By Sandra B. Mortham, EVP/CEO

One of the main purposes of the Florida Medical Association is to provide Florida physicians with a voice in Florida government. This includes representation before the Board of Medicine, the agencies involved in health care, and most importantly, the Florida Legislature. FMA staff includes full time lobbyists, as well as two attorneys who become full time lobbyists during session. We also hire outside lobbyists to round out and supplement our in-house team. But the most important resource we have are our physician lobbyists.

By nature, legislators are a rather skeptical group. People representing both sides of every issue lobby them constantly and persistently. And as a result, they tend to take what they are told with a grain of salt. I speak from experience on this point. I spent many years spending my days listening to people who made their living dissuading and persuading lawmakers. I learned to listen to what they had to say, then do my own research and make my own findings. This was all part of the process.

Lawmakers learn quickly who they can rely on. And while professional lobbyists are important to the system, the lawmakers tend to sit up and take notice when they talk to someone who is "in the trenches." For instance, when a physician comes to a lawmaker and talks about the emotional pain they go through when they have to tell a parent that their child has been denied the treatment they need by their insurance company, the words hit home for the lawmaker. The lawyers and

We did not invite them. The politicians and the insurance companies just put them there. There are nurses reviewing antibiotic decisions every day. Crucial decisions, like whether to admit an unstable diabetic, are regularly second-guessed by people who have never been to medical school, much less through an internal medicine residency.

I believe that the public is generally unaware of this situation. Frequently we are met with incredulity when we try to explain to a patient's family that he is "not sick enough" to be admitted to the hospital. This brings me to the role of organized medicine.

The Florida Medical Association and the Lee County Medical Society have been tireless champions of physician-patient control of medical decisions. If third parties want to get involved with medical decision-making, let them hire appropriately trained physicians. Then let them share in the legal responsibility if mistakes are made.

I am sure that the situation would be much worse without the vigilance of your county and state organizations. We need to keep on working. This is a never-ending struggle.

professional lobbyists may be more familiar about the legislative system and the laws of the State, but physician lobbyists are the only ones who can really communicate the challenges facing medicine on a daily basis.

This session, the FMA is working to involve another group that can communicate this viewpoint: the spouses of the FMA physicians. FMA staff has already had several meetings with the statewide and local Alliances to begin to set up an effective framework for Alliance members to assist in the lobbying effort this session. The members of the medical family will add an important voice to our lobbying efforts.

In addition, we are working to update and expand upon our Physician Key Contact program. We want to have a strong coalition of physicians we can call on when our elected officials need to be contacted on issues important to the medical community and the patients they serve. A physician from the legislator's community is the very best person to make this contact and advocate the legislative agenda.

I cannot stress enough the importance of members and their spouses becoming involved in the FMA's legislative efforts. That is the best and only way for us to have a successful legislative session. I look forward to working with many of you this year!

For more information on becoming involved in the FMA's legislative program, contact Sarah Jennings at sjennings@medone.org or at 850-224-6496.

Florida Medical Association Doctor of the Day Program

Doctors of the Day provide an invaluable service by providing routine medical services through the facilities of the Legislative Clinic, which is located in the Capitol. The Doctor of the Day is introduced in either the Senate or the House Chamber at the beginning of the day, prior to seeing patients. After examining patients, physicians are able to attend committee meetings or visit the House and Senate Chambers where they can sit with their local delegation to observe the session. They will also be a vital component in improving and strengthening physician-legislator relation. We would like to thank the following physicians for their efforts.

HOUSE OF REPRESENTATIVES

Valerie Crandall, M.D., Ophthalmology - April 19th
Stephen Smith, M.D., Ophthalmology - April 27th
Michael Sweeney, M.D., Vascular Surgeon - March 9th

SENATE

Michael Fletcher, M.D., Anesthesiology - April 25th

AS I RECALL...

The River

Roger D. Scott, M.D.

By sunlight or moonlight, the Caloosahatchee River is always a beauty to behold. The river has not always been as we see it today with many manmade changes.

Before the English arrived in North America (Jamestown VA 1607 & Plymouth MA 1620) the Spaniards, in the early 1500s, discovered and named it "The River of the Calusa." They also named the Indians Calusa and Mayaimi in addition the Mayaimi Lagoon (Lake Okeechobee). The Seminoles (Indians, not collegians), a branch of Creek Indians, moved from Alabama and Georgia in the 1700s and changed the names to Lake Okeechobee and Caloosahatchee. Hatchee was Seminole for "little river," and you will find many "hatchees" attached to rivers of Florida, Georgia, and Alabama. Incidentally, until about the early 1970's it was commonplace to see Seminoles, in their native costume, walking the streets of Ft. Myers as well as in other areas of Florida. They "usta" come to our house in Live Oak selling wild blackberries, wild game, and their crafts. Now they come to town wearing "civilian" clothing. Oh well! Back to the river, which will be referred to hereafter as River.

Initially the headwaters of the River arose from marshes and swamplands west of Lake Hicpochee, then Lakes Bonnett & Lettuce, and ultimately drained from a waterfall in Lake Flirt flowing a markedly torturous course to the Gulf.

In 1881, Hamilton Disston began developing the land around Lake Okeechobee by draining his land with canals connecting Lake Flirt to Lakes Lettuce, Bonnett, & Hicpochee on to Lake Okeechobee by enlarging an existing old Indian canal. Large dredges arriving in Ft. Myers in 1881 began dredging a 48-foot canal from Ft. Thompson (11.5 miles east of LaBelle) to the big lake. This allowed improved river traffic which was the major, & for years, only transportation link to the agricultural areas east of Ft. Myers, and the Gulf, and thence to the outside world.

Several ship line companies existed and notably the 92-foot long paddle wheeler "Thomas A. Edison" (Menges Bros. Line) traveled to LaBelle daily (ex Sun.) at 6 A.M. arriving there at 3 P.M. It was capable of transporting 10 passengers and 3 railroad carloads of produce. Lee County had the largest private citrus packing plant in the world and much fruit was shipped from upriver to this plant located on a large pier extending into the river at the foot of Monroe Street (I think). The plant, dock, and the "Edison" all burned in 1914.

After the 1928 hurricane caused flooding and many deaths, President Hoover diked the lake and did more dredging to develop a satisfactory cross-state waterway extending from the Gulf of Mexico to the Atlantic Ocean. Building the Moore Haven & Orona Locks and straightening & deepening of the channel were necessary for this project.

Further dredging occurred in the 1950's continuing well into the 1960's. The W. P. Franklin Locks (about 25 miles from the Gulf) were constructed and 43 of the oxbows (markedly twisting or crooked bends) between LaBelle and down river were bypassed. Many of these "oxbows" remain today (outside the channel) including "Devil Elbow" & "Rope Bend."

The voluminous spoil dredged from the river bottom in the 1950's and 1960's was pumped mainly to the North side of the river all the way up the river creating mounds, and one of the weekend recreational activities we enjoyed was digging in the spoils as "junior paleontologists". The spoils were rich in fossils, and it was during this time that the "ENT" Brown family (Robin, Jan, and children) began their avocation and have pursued this to become "Senior Paleontologists" and

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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 482-6262

Membership Activities**NEW PRACTICE**

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STATUS CHANGE - ASSOCIATE TO ACTIVE

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M. Annabelle Martin, M.D.

Allen Tafel, M.D.

NEW PRACTICE NAME

Orthopedic Specialists of SWFL, P.A.

Ronald Gardner, M.D.

Paul J. Richards, M.D.

Charles Springer, M.D.

LCMS Alliance News**2000 MINI-GRANTS AWARDED**

The Mini-Grant Program is funded from the previous year's fund raising efforts. Of the proceeds raised by the 2000 Charity Ball, "NY2K," \$50,000 was distributed to the major recipient (The Southwest Florida Children's Fund) and \$10,000 was allocated to LCMSAF health-related projects, leaving \$37,097 for distribution to Mini-Grant recipients.

This year, the Mini-Grant Committee used a new procedure, developed by the Task Force, to independently score eligible applicants in 17 different categories, prior to the committee meeting. The Mini-Grant Chair and one committee member compiled the scores of all of the committee members to arrive at a Cumulative Average Score (CAS) for each application. On January 16th the committee then reviewed the applications in CAS order, i.e. highest score first and determined the amount to be awarded. Although the CAS weighed strongly in the committee's decision-making process, each application was reviewed and discussed in detail.

There were 21 applications submitted by the December 1st deadline. Eight of these applications were disqualified because required information was not submitted or the requested funds might not be used within one year. Another five were not awarded because the CAS was too low or funds were to be used for operating expenses.

A round of applause goes to the Mini-Grant Committee who spent many hours evaluating and working to make these very difficult decisions! Thank you Lynn Bacon, Fran Fenning, Donna Homolka, Cheri O'Mailia, Karen Weiss, and Sherri Zucker. Questions concerning Mini-Grants should be directed to Gena Burch at 489-4938.

CONGRATULATIONS TO THE FOLLOWING 2000 MINI-GRANT RECIPIENTS!

1. Alvin A. Dubin Alzheimer's Resource Center \$5,000
2. Lee Interfaith Volunteer Caregivers \$8,988
3. Catholic Hispanic Social Services \$5,000
Funding requested for a culturally appropriate bilingual, strategic program that will address pregnancy and prenatal risk assessment, pregnancy case management, and health education for high-risk women.
4. Island Coast Primary Care Project, Inc. \$3,086
5. Sr. Friendship Centers, Inc. \$5,000
Items for Health Services in Estero: an autoclave for sterilizing gynecology, dermatology and dental instruments (\$2,998); instrument cabinet to house the instruments (\$500); dental instruments (\$2,000); and dental stools (\$600).
6. Lee County Coalition for a Drug Free SW FL \$3,000
Professionally produced videos on prevention and early identification of alcohol abuse and medication misuse among Lee County's older citizens to be used in public speaking presentations and local station broadcasts.
7. Partners for Breast Care \$1,057
Equipment and printed materials to be used at health fairs and public education seminars.
8. Children's Home Society of Fla., SW Div. \$5,000
Funds are requested to increase primary prevention services currently delivered through the Support and Health Expectations (SHE) program - specifically, the parenting workshop and related follow-up home visit and case management.

**Volunteer Physician of the Year**

Dr. Michael Steier was named 2000 Volunteer of the Year at the annual Volunteer Appreciation Luncheon. Dr. Steier humbly accepted the honor. During his acceptance moment he commended the volunteers gathered before him at the luncheon for making a difference. He also stated we would be lost in our own hour of need if we neglected to help others.

Dr. Steier is working with the Salvation Army Primary Care Clinic. During the last 6 months of 2000, the Salvation Army Clinic has:

- Performed 163 physical examinations/health screenings on Red Shield Lodge residents
- Provided Medical Services to 481 patients in Primary Care Clinic
- Screened 42 clients/dinner guests for Diabetes
- Washed the feet of 39 clients/dinner guests while performing foot assessments
- Held 3 Podiatry Clinics
- Seen 112 clients during Outreach activities by Dr. Steier (Rescue Mission, Montessori and at the annual Homeless Stand-down)
- Increased our evening clinic to two nights per week (Tues and Thurs).
- Held 33 evening clinics
- Our volunteer physicians and nurses have donated 384 hours of their time and service
- Made 128 referrals to specialists through Lee County We Care
- Held 2 chiropractic clinics

Florida Board of Medicine**CHAIRMAN'S REPORT - CY 2000 SUMMARY OF BOARD ACTIVITIES****Statistics:**

- 3671 applicants certified for licensure (increase of 9% from 3365 in 1999)
- 226 disciplinary cases heard by the Board (increase of 35% from 167 in 1999)
- 24 licensure cases heard by the Board (increase of 3% from 18 in 1999)
- 10 requests for declaratory statements heard by the Board (increase of 300% from 3 in 1999)
- 116 meetings, totaling 612 hours in meeting time, plus a minimum of one-hour preparation for each hour of meeting time (stable with 1999, 112 meetings totaling 594 hours)

Major Legislative Activity:

- Supported new legislation to evaluate patient safety issues through the Commission on Excellence in Health Care
- Supported increased penalties for the practice of unlicensed medicine
- Supported new legislation for temporary certificates to practice at cancer centers
- Supported new legislation enhancing end-of-life care
- Supported retention of the Negative Drug Formulary
- Proposed but did not achieve telehealth regulation
- Proposed but did not achieve clarification of "practice of medicine" to include medical directors for insurers and utilization review functions
- Proposed but did not achieve a public records exemption for adverse incidence reports from physician offices.

**THE QUESTION MAN
OPINIONS - EDITORIALS
LETTERS TO THE EDITOR**
John W. Snead, M.D.**April's Question:****"What is Likely to Happen to
Doctors Under the Bush
Presidency?"**

"If the past is any indicator of the future, I anticipate decreased reimbursements, decreased physician and patient autonomy and decreased applications to medical school."

Norman Duerbeck, M.D.
Fetal Maternal Medicine



"The realistic answer is 'nobody knows.' Mr. Bush has made conciliatory overtures to doctors and he favors a limited Patient's Bill of Rights. However, neither party has been able to reconcile these campaign promises with the budgetary reality, which determines the future of medicine. Therefore, we will have to wait and see."

Gary Price, M.D.
Internal Medicine

May's Question:

**"WHAT IS THE MOST IMPORTANT THING
THE FMA DID FOR ITS DOCTORS IN 2000?"**
Send your comments to the Medical Society. The *Bulletin* deadline is the 15th of each month... we want to see you in the print media.

As I Recall**Continued from page 1**

"known" authorities. Robin authored three books (Paleontology & Anthropology) and is currently working on another historical book about timber (trees) & saw milling. The digs were a fine family activity and we found many fossils, such as prehistoric shark's teeth, bones, shells, etc. My family's greatest find was a whale or mammoth vertebra. The Brown's greatest find was an entire whale, and that's a "Whale of a tale!" While being the source of much pleasure, the River has tragically taken the life of Clarence Schilt, M.D. our first psychiatrist.

Needless to say, gratitude is expressed to those who have left us a legacy of history on this river before my arrival in 1958.

LCMS Stats**FEBRUARY 14, 2001 - MARCH 13, 2001**

	Current	YTD
Total Phone Calls Received	459	1392
From Physicians and Office Staff	68	200
For Referrals	169	479
For Background Checks	22	88
Filing Complaints	4	18
Regarding Non-Members	9	38
Regarding Alliance	9	26
Regarding CMS, FMA, and AMA	17	50
Miscellaneous Calls	161	493
Meetings	7	35
Attended on behalf of LCMS	6	21
Society Meetings	1	14
Applications Sent to Physicians	7	20
Printed Directories Distributed	7	19

NEED HELP?

Board Certified Internist with:

- Active and Full Florida License
- Assoc. Professor of Medicine @ Brown University
- Experienced Clinician of 20 years
- Speaker, consultant and clinical trial investigator for major pharmaceutical companies

For further inquiries/interviews, contact:
S. Memon, M.D., FACP,
61 Westford Road, Providence, RI 02906
Phone: 401-559-7130 or 401-273-8346

Thank you Lee County Physicians FOR VOLUNTEERING YOUR SERVICES

Lee County Profile:

2000 population 428,269. Seventeen percent of the population is below 150 percent of the federal poverty level. The major city is Ft. Myers.

Licensed Health Care Professionals:

According to the Florida Department of Health, in the year 2000 there were 752 medical doctors, 114 osteopathic physicians, 207 dentists, and 6,091 nurses licensed to practice in Lee County.

Lee County Volunteer Efforts:

Volunteers at the Salvation Army's Primary Care Clinic and Interim Care Center continue to provide uncompensated medical services to homeless individuals in Lee County. In addition to the cadre of physicians and nurses who donate an evening of their time each month or so, the Salvation Army was fortunate this year to gain the services of a Lee County physician who recently retired.

Retired physicians, nurses, and pharmacists volunteer their services to indigent older adults at the Senior Friendship Center. Senior Friendship Center's Lee County medical clinic expanded this year to include a second site in the southern end of the county, thereby bringing medical care to many individuals who could not travel to its North Fort Myers site, and also accommodating the geographical needs of some of its volunteers. Senior Friendship Center has an agreement with the Lee County Health Department and appears on the health department's table of organization, which allows its volunteers to sign up as health department volunteers.

Lee We Care, the joint effort of the Lee County Medical Society and the Lee County Health Department, is now entering its fifth year of service to low-income county residents. Physicians volunteer their services to eligible patients who are referred from the four primary care agencies in the county that serve the low-income population: Family Health Centers, Lee County Health Department, Salvation Army clinics, and Senior Friendship Center. Financially eligible patients receive all of their medical care without charge through Lee We Care, including all hospital services.

Members of the Lee County Medical Society contribute to the welfare of impoverished county residents in more ways than through volunteer work in Lee We Care and the Salvation Army's clinics. They also serve the low-income community by giving free school and sports physicals and conducting sports clinics for athletes on weekends. The number of volunteers, number of patients, and value of services were not available.

The Lee County Breast Screening Program utilizes volunteer physicians known as Partners in Health to provide medical care to uninsured, low-income women with breast health problems. The women receive screening and diagnostic mammograms, biopsies, and treatment for breast cancer.

Volunteers of the Lee County Health Department help in a variety of ways. One of these ways is the health department partners with the Senior Friendship Centers and the Salvation Army clinics to provide health services to low-income patients by volunteers.

Program/Setting	# Volunteers	# Referrals	Value of Service
Salvation Army Primary Care Clinic	63	707	\$70,064
Lee County Breast Screening Program	203	250	\$181,200
Lee We Care	115	323	\$538,012
Lee County Health Department	60	N/A	\$248,728
Lee County Health Dept Donations	N/A	N/A	\$31,855
Senior Friendship Center	23	1,193	\$83,870
Project: Dentists Care	17	433	\$86,600
TOTALS	481	2,906	\$1,240,329

INTERNET MEDICAL RESOURCES

Patient Hypertension Resources Online

by Michael Barnaby - Public Information Officer, Lee County Health Department

Cardiovascular diseases are consistently the leading cause of death in Florida, accounting for almost one in every three deaths, with high blood pressure being a major contributing factor. As has been said before, your patients are going to seek advice online. Consider hypertension: a recent search engine request using the phrase "hypertension education" returned more than one hundred forty thousand references, clearly demonstrating the fact that the internet offers an almost endless wealth of materials to those in your care. But like all else involving the internet, online hypertension education and support sites offer varying levels of quality, so it may be wise to visit before recommending a particular site to a patient.

Interactivity is a hallmark and a strength of the internet. Bulletin boards, or patient peer-to-peer message areas, offer a place to share experiences, facts, opinions, and resources. They can bring patients a comforting feeling that "I am not alone," a sense of hope and an opportunity to become part of a group sharing similar problems. They offer a channel for "venting," and present an opportunity to help others. That said, keep in mind also that internet bulletin boards and news groups offer an ideal platform for charlatans and hustlers of all stripes, the touts of miracle cures, questionable opinions and general misinformation.

- The American Heart Association, at <http://www.americanheart.org>, offers excellent patient education, including specific areas labeled "A special message for women" and "A special message for African Americans." Wonderful website for both doctor and patient.
- Health.com, <http://www.health.com>, is presented by the publishers of Health magazine. Although it has a contemporary magazine-like format - departments include food, wellness, beauty and natural remedies - Health.com also offers a thorough medical education component. Many patients will find its all-over presentation appealing.
- Support-Group.com, at <http://www.support-group.com>, has been in operation since 1996, and plays host to more than 200 different bulletin boards. Message groups run the gamut from Aarskog Syndrome to Xeroderma Pigmentosum. But be aware that sprinkled among the thousands of peer postings are a substantial number belonging in one of more of the above-mentioned questionable categories. Look before deciding whether to point a patient in the direction of this website.
- The Hypertension Information Center at <http://www.medicconsult.com> has articles for the layperson, research papers, detailed drug information, and also hosts discussion and support groups.
- The Hypertension Education Foundation, <http://www.hypertensionfoundation.org>, has a very well-done, 47-page brochure available for viewing online or downloading. The author, Marvin Moser, M.D., is Senior Medical Consultant to the National High Blood Pressure Education Program of the National Heart, Lung and Blood Institute.

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EXCELLENT

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.



CHRISTINA H. HODGES, M.D. - PEDIATRICS

Medical School: University of Chicago, Chicago, IL (1991-95)
Internship & Residency: University of Minnesota, Minneapolis, MN (1995-98)
Dr. Hodges is a team pediatrician with the Southwest Florida Children's Fund at 3900 Broadway, Ste. B1, Fort Myers.



RICHARD LIU, M.D. - OTOLARYNGOLOGY

Medical School: University of Toronto, Ontario, Canada (1990-94)
Internship: University of Toronto, Ontario, Canada (1994-99)
Board Certification: Board certified American Board of Otolaryngology and Fellow of the Royal College of Surgeons of Canada - Otolaryngology.
Dr. Liu is in practice at the Eye Centers of Florida located at 4101 Evans Avenue, Fort Myers.



JAN MALAT, M.D. - RADIOLOGY

Medical School: Charles University, Prague, Czech Republic (1970-76)
Internship & Residency: Norwalk Hospital, Norwalk, CT (1982-85)
Fellowship: John Hopkins Medical Institutions, Baltimore, MD (1986-88)
Post Graduate: Jefferson College of Medicine, Philadelphia, PA (8/1997-12/1997)
Board Certification: American Board of Radiology in Diagnostic Radiology.
Dr. Malat is in practice with Radiology Regional Center at 3680 Broadway, Fort Myers.

HMO Accountability

Terence P. McCoy, M.D. - President, Florida Medical Association

Responsibility, accountability and good citizenship are fundamental values we try to instill in our children. We teach them about the checks and balances in government, which provide for a just society in these United States. We see and condemn abuses of power in less fortunate lands and we note and regret the lapses we increasingly see at home.

In this age of information, this era of unprecedented advances in science, we have also seen an avalanche of misinformation and abusive pseudoscientific banter guaranteed to confuse and perplex its many victims. So it is in healthcare, where the snake-oil salesmen of old have donned another coat to take advantage of our aging population who simply want good care.

Madison Avenue unbridled by such old fashioned values as honesty and integrity, has run amok in its efforts to bolster the profits of managed care organizations who have been economical with the truth in their message that they can provide more for less.

Unlike other industries where it is possible through mass production efficiencies to reduce cost, providing medical care is different, very different and very open to abuse.

The bald fact remains that in medicine the more successful we are at extending life at both extremes, and the more we improve the quality of the intervening years, the more money it costs. In a system where tiny premature babies survive, where men and women with heart disease in the prime of life can be saved by surgery, valuable resources are consumed and the costs are high. Why is this a surprise? Realistically these costs are probably going to continue to escalate absent euthanasia or the other unmentionable rationing.

Unpalatable as the cost increases may be, we cannot wish them away. These costs are real. Paper reductions and reallocations serve only to confuse, while hefty management fees consume dollars, which could be better spent on taking care of patients.

Regardless of the ethical issues, and there are many, from a purely business standpoint, tactics that alienate both patients and doctors, simply made no sense. As Aetna Chairman William Donaldson put it so well, "There's no business model in the world that succeeds by making customers angry." Other big players like Blue Cross and Blue Shield are aware of the public's awakening and in spite of their near monopolistic position in the market are frightened by the prospect of being held accountable. Indeed the industry was so bothered by this that they have spent more than \$100 million in efforts to block patients' rights legislation. In the meantime, they continue to enjoy immunity from liability when they make medical decisions to deny care to sick patients. Basic managed care philosophy states that the less care delivered the greater the profit for the managed care company and if a lot of people are upset it doesn't matter.

Also, in their basic curriculum is the bait and switch technique where the patient and doctor are enticed into a PPO product and later when the marketplace is controlled choices are narrowed and patient and doctor are economically forced into a lessor HMO product with increased profit for the managed care company.

Another trick they employ is use of the "all products clause" wherein a doctor by signing up for one product that he/she understands is forced to participate in all other unspecified products the company may offer now and in the future. Doctors are fighting this abusive practice legislatively.

The seemingly unstoppable forces of commercialism in medicine are seen by many as a plague of epidemic proportion. Doctors are most concerned about the impact of ruthless abuses on vulnerable patients within the present system.

It is not good enough to say that the alternative is socialized medicine and therefore we must put up with what some legislators have called a "necessary evil." Government cannot abrogate this responsibility to managed care. Safeguards must be put in place now for society to be immunized against the abuse.

The Florida Medical Association is supporting legislation that would hold managed care organizations responsible and accountable for their failure to exercise ordinary care when making health decisions for patients. Concurrently, President Bush and Congress are negotiating a patients' bill of rights that would protect both patients and physicians from managed care abuse.

We can only hope that by allowing open honest dialogue on the issue and by exposing the facts, our lawmakers will do what is just and end the HMOs abuse of power.

All is not lost. We can afford quality health care but we must allow patients and their doctors the freedom to make their own decisions. We need a new environment with appropriate motivation for all participants. Motivation should be not fear, not greed, but the patient's best interest.

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Florida Board of Medicine

NEW ADMINISTRATIVE RULE EFFECTIVE NOVEMBER 13, 2000 FOR STANDARDS OF PRACTICE

Effective November 13, 2000, Florida Board of Medicine Rule 64B8-9.0075 provides standards of practice for licensed physicians (MDs) and licensed physician assistants (PAs) who practice in office settings that are not owned by a licensed physician or licensed physician assistant. The rule also provides that such physicians and physician assistants may rely upon a "physician-in-charge" for compliance with the responsibilities established in the Rule, if such "physician-in-charge" files a notification with the Board of Medicine.

This rule was developed by the Board in response to medical fraud issues involving non-physician owned clinics. Then purpose of the rule is to clearly establish accountability by physicians and physician assistants for appropriate medical care under sanitary conditions; that medical care is provided pursuant to informed consent, adequately documented and lawfully billed to the patients and/or other payors; and that persons assisting in the delivery of medical care to their patients are licensed, certified, and/or supervised as required by law.

Following is rule 64B8-9.0075, F.A.C. and the Physician-in-charge

64B8-9.0075 Standards of Practice in Certain Office Settings.

(1) Standards of care and standards of practice require that Florida licensed physicians and physician assistants provide their patients appropriate medical care under sanitary conditions; that medical care is provided pursuant to informed consent, adequately documented and lawfully billed to the patients and/or other payors; and that persons assisting in the delivery of medical care to their patients are licensed, certified, and/or supervised as required by law. Except as specifically provided for in the following practice settings, physicians and physician assistants may neither delegate to others nor reasonably rely upon others to ensure compliance with these patient responsibilities.

(2) Physicians and physician assistants with a practice setting in a hospital or other facility licensed

pursuant to Chapter 395 or 400, Florida Statutes, or who practice in a federally qualified health clinic or other state or federally regulated program that provides an equivalent risk management and oversight of physicians and physician assistants, may reasonably rely upon the licensed facility to ensure that medical care is provided under sanitary conditions, lawfully billed to the patients and/or other payors and that persons assisting in the delivery of medical care to their patients are licensed, certified, and/or supervised as required by law.

(3) Licensed physicians and physician assistants in a practice setting that is not identified in section (2) above, nor under the ownership and control of an actively licensed Florida physician who is responsible for ensuring that the requirements in section (2) are complied with, may reasonably rely upon a Florida licensed physician-in-charge to ensure compliance with the responsibilities set out in section (2), only if the physician-in-charge has filed a notarized statement on a form approved by the Board of Medicine, specifically agreeing to accept the following responsibilities on behalf of one or more named licensed physicians or physician assistants in the practice setting:

(a) ensure that all staff in the practice setting are licensed or certified as required by law and that licensure or certification documentation is maintained at the practice setting and immediately available upon request to Department of Health or Agency for Health Care Administration investigators;

(b) ensure that any medical services provided by staff at the practice setting are appropriately supervised as required by law;

(c) ensure that the practice setting complies with the relevant sections of Chapters 455, 458, 465, 499 and 893, Florida Statutes, and the relevant Board rules, to include but not limited to, rules regarding office surgery, medical records keeping, and the reporting of adverse incidents; and

(d) review all practice setting billings to ensure that the billings are not fraudulent. This includes a systematic review of the medical services provided, the dates

of service, procedure and diagnostic codes, and the name of the provider.

(4) The original notarized statement set forth in paragraph (3) above, shall be filed with the Board of Medicine. Copies of said statement shall be maintained at the practice site and be immediately available, upon request, to Department of Health or Agency for Health Care Administration investigators.

Specific Authority: 458.309, 458.331(1)(v) FS.

Law Implemented: 458.331(1) FS.

History—New 11-13-00.

All Florida licensed MDs and physician assistants in practice with an MD must comply with the rule. The rule holds an MD/PA responsible for specified patient responsibilities, even in a non-physician owned practice setting, UNLESS the physician in charge files a notification with the Board. The excerpted provisions of the rule are as follows:

"Except as specifically provided for in the following practice settings, physicians and physician assistants may neither delegate to others nor reasonably rely upon others to ensure compliance with these patient responsibilities... Licensed physicians and physician assistants in a practice setting that is not (SPECIFIED IN RULE), nor under the ownership and control of an actively licensed Florida physician who is responsible for ensuring that the requirements (SPECIFIED IN RULE) are complied with, may reasonably rely upon a Florida licensed physician-in-charge to ensure compliance with the responsibilities set out (IN THE RULE), only if the physician-in-charge has filed a notarized statement on a form approved by the Board of Medicine, specifically agreeing to accept the following responsibilities on behalf of one or more named licensed physicians or physician assistants in the practice setting:..." The original notarized statement... shall be filed with the Board of Medicine. Copies of said statement shall be maintained at the practice site and be immediately available, upon request, to Department of Health or Agency for Health Care Administration investigators."

The rule does not require that a non-MD/PA owned clinic designate a physician-in-charge. But if there is no designated physician-in-charge who submits the notification, then each and every MD/PA working in that practice setting is responsible for the specified patient responsibilities. It would not be a violation for the MD/PA to go to work in a clinic without a physician-in-charge. But if there was a complaint relating to the patient responsibilities specified in this rule, then the MD/PA could be subject to discipline for violating a standard of care as well as violating his patient responsibilities under this specific rule.

If an MD or PA practices in a non-MD/PA owned practice setting, it would be prudent of the MD/PA to ensure that (s) he establishes an agreement with the owner that there will be a designated physician-in-charge, and to ensure that such physician-in-charge files the notification, so as to protect the employee-MD/PA from liabilities of this rule.

Physician-in-Charge notification forms should be filed with the Board of Medicine at the following address:

Florida Board of Medicine
ATTN: Margaret Anglin
Program Operation Administrator
Bin # C03
4052 Bald Cypress Way
Tallahassee, FL 32353

If you have any questions regarding this message, please contact Ms. Margaret Anglin@doh.state.fl.us or 850-245-4131.

Tanya Williams
Board Director
Florida Board of Medicine
Tanya_Williams@doh.state.fl.us

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