

LEE COUNTY
MEDICAL
SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 24, NO. 9

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

JANUARY 2001

PLEASE NOTE THAT THE MEETINGS WILL CHANGE TO THE 3RD TUESDAY AND WE WILL BE IN THE DOWNSTAIRS ROOM AT THE ROYAL PALM YACHT CLUB - TIME STAYS THE SAME.

LEE COUNTY MEDICAL SOCIETY
MEETINGS FOR 2001

TUESDAY, JANUARY 16, 2001

6:30 P.M. - SOCIAL TIME
7:00 P.M. - DINNER
7:45 P.M. - PROGRAM

Speaker: Terence McCoy, M.D.
FMA President will install the LCMS 2001 Officers
Royal Palm Yacht Club
2360 West First Street
(Downstairs Meeting Room)
Applicants, Retired Members, Guests, Spouses - \$25.00
LCMS Members - N/C
R.S.V.P. by January 12, 2001
Phone: 936-1645 Fax: 936-0533

MARCH 20, 2001

Royal Palm Yacht Club

Speaker: Jeff Rice
NFL Referee and Local Attorney

MAY 15, 2001

Royal Palm Yacht Club

CME - Two hours on the End-of-Life for Licensure Renewal

Inserts

- 1 MEETING NOTICE
- 2 2000 LCMS ACCOMPLISHMENTS
- 3 2001 COMMITTEES/BOARD
- 4 LEGISLATIVE COMMITTEE/KEY CONTACT

Happy New Year!

In This Issue...

President's Message.....	1
As I Recall.....	1
A View from the Catbird Seat.....	2
The Graying Political Issue.....	2
New Member Applicants.....	3
Medical Libraries.....	3
Mini-Internship.....	3
Prompt Pay Bill Effective October 1, 2000.....	4

PRESIDENT'S MESSAGE
2001

Peter Blitzer, M.D.



Fellow Lee County Medical Society members, thank you for electing me as President. In this coming year, I will be encouraging all of you to participate more in the Society. Membership remains high, but participation is low. This is not just a problem for the LCMS. Attendance at medical society functions is down from California to Massachusetts. I would like to change this.

In an effort to find out what I should do to increase participation, I sought the advice of my partners. Michael Katin thought it would be necessary to assert my leadership role decisively. He said issuing a really draconian edict would catch everyone's attention. He suggested I require that all members who miss a meeting wear their underwear on the outside for a week.

That may come, but for now I will follow the advice of Jim Rubenstein, who ended a successful tenure as LCMS president just a year ago. He counseled a more statesman-like approach.

"Easier said than done," I thought, but here goes... I think that the 2000 Presidential Election provides us with a good lesson on the importance of individual participation. Although the final outcome depended on the Supreme Court and Congress, individuals at much lower levels contributed the crucial groundwork.

The "little people" - such as you and me, voting here in Lee County - really did determine the President. Beyond your vote for president (assuming you were able to punch a hole in the right place), your influence on the state politicians made the difference.

This election really gave proof to Tip O'Neill's old adage that all politics is local.

With the post-election legal maneuvering in Tallahassee, we saw how much of a difference having a Republican Secretary of State could make. I realized Steve West was prescient when, two years ago, he convinced me to participate in a fundraiser for Katherine Harris. With support from people like Steve and me, Harris did win her election and this may have been crucial in determining the next president.

The presidential election is just one example of how we can affect our government. There are many other decisions that our state and county politicians are going to make in the coming year that are critical to physicians.

Right off, I can list the following issues: The specter of managed care still needs to be contained. Professional liability insurance rates threaten to rise. Medicaid is a perennial thorn bush. Mental health care for patients who need hospitalization is in shambles. Remember, if we do not influence the state leaders on these issues, someone else (who may not be your friend) will.

The LCMS (and by extension, the Florida Medical Association) is your single most important advocate with state and county politicians. Just as healthy people have louder voices than sick people, healthy organizations have louder voices. We have to make our LCMS as vigorous as we can.

Make the LCMS healthy. Participate!

State Election Results Produce a Pro-Medicine Majority

By Timothy J. Stapleton, Executive Director, FLAMPAC

As a result of the recent elections, we now have a pro-medicine majority in the Florida House and Senate. In the Florida Senate, FLAMPAC supported candidates won 12 out of 13 races (92%). In the Florida House, FLAMPAC supported candidates won 74 out of 79 races (94%). In the U.S. House of Representatives, FLAMPAC endorsed candidates won 23 out of 23 races (100%). In addition, candidates supported by the 1000 Club won 18 out of 20 races (90%). There is no question that FLAMPAC and the 1000 Club have succeeded in electing a pro-medicine majority in the Florida Legislature. The following are some of the highlights of this year's elections:

1. FLAMPAC defeated two incumbent members of the Florida House who voted against the FMA on patient's rights issues (Jim Tullis in House District 17 and Art Argenio in House District 82). These two legislators, running for re-election, were the HMO industry's top two legislators in the Florida House. They are now ex-legislators thanks to FLAMPAC.
2. FLAMPAC defeated a long serving member of the Florida House (Everett Kelly) who was running against Senator Anna Cowin, the spouse of a physician, in Senate District 11. Kelly had been a longtime adversary of the FMA on scope of practice issues and recently sponsored an amendment in the Health Care Committee that the FMA vigorously opposed. He ran a negative campaign against Senator Cowin who has been a champion for physicians in the Florida Senate.
3. FLAMPAC defeated a member of the Florida House running for an open seat in the Senate (Janegale Boyd) who distinguished herself as a major adversary of the FMA on HMO accountability and patient's rights issues. It was pointed out during the campaign by the issue advocacy organization, People for a Better Florida, that Janegale Boyd had been paid over \$500,000 (five hundred thousand dollars) as an employee of Humana's HMO Division during her tenure in the legislature.

4. FLAMPAC defeated an optometrist in House District 71 ("Dr." Paul Monroe) who was attempting to make expansion of the scope of practice for non-M.D.s the cornerstone of his campaign.

The common denominator in all of these races is that the candidates that FLAMPAC defeated made conscious decisions to become adversaries of the FMA. They believed that the physicians would not hold them accountable for their voting records. They did not fear the FMA because they believed that there was no consequence for their actions. However, Jim Tullis, Art Argenio, Janegale Boyd, Everett Kelly and Paul Monroe all paid the ultimate price; their political careers came to an end due to the political activism of the physician community.

If there was ever any doubt about the effectiveness of FLAMPAC and the 1000 Club, the following story should serve as a real life example. During last year's legislative session, the FMA introduced legislation, which would have ensured that adverse determinations by HMOs were made by licensed Florida physicians. However, the insurance industry and Associated Industries of Florida (AIF) opposed this measure and offered an amendment to delete the requirement that a Florida licensed physician had to sign an adverse determination. They took the position that any physician, from any state, could sign the adverse determination. Obviously, this significantly undercut the objective of the FMA's legislation, which was to hold the HMOs more accountable for their treatment decisions.

The sponsor of AIF's amendment was none other than the aforementioned Representative Everett Kelly. The amendment, which the FMA vigorously opposed, passed by one vote. Who voted against the FMA? Representatives Everett Kelly, Jim Tullis and Art Argenio all took the side of the HMOs and voted against the FMA. Not only did they vote against the FMA, they spoke passionately against the FMA's position in the Health Care Committee.

Continued on Page 4

AS I RECALL...

Beginnings

Roger D. Scott, M.D.

Where did 2000 go? Can it be a full year since the Millennium and all the hullabaloo associated with that event? Welcome to the "radiant" new face on this page, our new LCMS President for 2001. We wish you congratulations and a most successful year, Dr. Peter Blitzer. (In the event you don't know, Pete is a Radiation Oncologist.)

The LCMS ancestor began in 1915 or 1916 as the Tri-county Medical Society. As the name implies, this included the counties of Desoto, Polk, and Lee. You will perhaps recall the April '97 AIR article titled "Lee County" stating that Lee County included all the area of Lee, Collier, and Hendry Counties. Governor Cary Hardee in 1923 (under duress from Baron Collier of Naples) split Collier County and subsequently Hendry County from the expanses of Lee County. Before 1915, Polk County had been carved from Hillsborough County. Eventually the Lee, Charlotte, Hendry and Collier County Medical Society emerged and was such in 1958 when I came to town. In May 1959, it became the Lee-Hendry County Medical Society and ultimately became our Lee County Medical Society on May 13, 1973.

A very excellent article titled "Dr. Jacob Ernst Brecht" appeared in the Journal of the FMA, September 1993 authored by Dr. William Straight of Miami (MyAmAh!). (Dr. Straight was the physician caring for my mother, father, and my brother for many years and in fact pronounced each of their deaths.) The following information obtained about Dr. Brecht is gleaned from Dr. Straight's detailed article, and he deserves the credit for extensive research in order to bring his article together.

Dr. Brecht (born in PA 1/31/1843) attended the Pennsylvania Dental College. Many felt that dentistry was a medical specialty so he moved to St. Louis and graduated from St. Louis Medical College (later Washington University) in 1874. He practiced medicine and dentistry in that city until 1882 when he moved to Winter Park, Florida to benefit his wife's poor health. He became interested in the Seminole Indians plight and did everything possible to assist them. In 1891 he accepted an appointment from the Office of Indian Affairs as Industrial Teacher (not as a doctor) to the Seminoles, and the Brechts moved to the Immokalee Indian Reservation. He was later appointed the Disbursing Agent and his annual salary was \$961.56. In 1897, the salary was increased to \$1000 a year (Could this have been the beginning of managed care?). During these years burning of pyrrhous carnum powder was used against the hordes of mosquitoes. Dr. and Mrs. Brecht moved to Ft. Myers in 1899 and practiced out of his home (a common occurrence during those days) on the S.W. corner of First Street and Fowler. He practiced from that location until his death on 1/3/1919. The Seminoles frequently came to town to see Dr. Brecht for medical treatment and he occasionally made "house calls" to Immokalee, an overnight trip each way. It was known that he was a member of the Florida Medical Association in April 1900. Dr. Brecht was instrumental, as stated in a previous article, as Chairman of the Building Committee for the Lee County Hospital, but upon the persuasion of the United Daughters of the Confederacy (U.D.C.) the name was changed to the Robert E. Lee Memorial Hospital. He was instrumental in the founding of the First Presbyterian Church of Ft. Myers and was known to be "indeed a generous man with his life and with his care of the Indians." Dr. Straight's article quotes a statement by Mrs. Annie L. Fotson who was a neighbor of the Brechts in Immokalee: "The roly-poly doctor was kindly and jovial. Everyone liked him. In addition to the quinine that he gave me for chills and fevers, he gave us powdered iron dust to build up our blood. A small pinch of the dust put on the tip of the tongue and swallowed with water was not a bad dose at all - not bad tasting like the vinegar and rusty nail tonic which some of our friends had recommended".

The Brechts were childless and are buried in Collegeville, Pennsylvania. And now Dr. Brecht you are remembered.

Watch for a very "brave" article next month!

**LEE COUNTY MEDICAL SOCIETY
BULLETIN**

P.O. Box 60041
Fort Myers, Florida 33906-0041
Phone: (941) 936-1645
Fax: (941) 936-0533
Website: www.lee-county-medical-society.org
E-Mail: awilke@lcmssfl.org
FMA: www.fmaonline.org
AMA: www.ama-assn.org

The Lee County Medical Society Bulletin is published monthly, with the June and August Editions omitted.

CO-EDITORS

Mary C. Blue, M.D.
John W. Snead, M.D.
Daniel R. Schwartz, M.D.

EDITORIAL BOARD PRESIDENT

Peter H. Blitzer, M.D.

PRESIDENT ELECT

Eliot Hoffman, M.D.

SECRETARY

Douglas Stevens, M.D.

TREASURER

Ralph Gregg, M.D.

PAST PRESIDENT

Bruce J. Lipschutz, D.O.

MEMBERS-AT-LARGE

Brian Kim, M.D. (01)
Richard Murray, M.D. (01)
Geoffrey Negin, M.D. (01)
Charles Hornolka, M.D. (02)
Daniel P. Robertson, M.D. (02)
Julio L. Rodriguez, M.D. (02)

MANAGING EDITOR

Ann Wilke, 936-1645

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

PRINTERS

Distinct Impressions 482-6262

Membership Activities**NEW ADDRESS**

Michael Fletcher, M.D.
Anesthesiology/Pain Management has moved his office
5238 Mason Corbin Court, Ste 102
Fort Myers, FL 33907
(941) 947-7246 Fax: (941) 931-4185

Florida Heart Associates have moved to a new address:
(James Butler, D.O.; Dennis Cassidy, M.D.;
Nelson Charles, M.D.; Dale Haggman, D.O.;
Henry Hon, M.D.; Bala Prabakaran, M.D.;
R. Paul Licini, M.D.; Subhash Kshetrapal, M.D.;
Steven Priest, M.D.; Jeffrey Rosen, M.D.;
Michael Rubin, M.D.; James Senesquea, M.D.;
Shui Ki Seto, M.D.; Rampaul Singh, M.D.;
Kenneth Towle, M.D.; and Harvey Tritel, M.D.)
1550 Barkley Circle
Fort Myers, FL 33907
(941) 938-2000

**The Gerald C. Wrobel
Scholarship Fund**

In honor of Dr. Gerald Wrobel, Drs. Jeffrey Bristol, Enid Weis and John Kagan have partnered with Florida Gulf Coast University to establish an endowed scholarship fund to support degree-seeking students enrolled in the college of Health Professions. Contributions payable to Florida Gulf Coast University Foundation. Write "Wrobel" in memo section and mail to Florida Gulf Coast University, 10501 FGCU Blvd. S, Fort Myers, FL 33965-6565. You will receive a tax-deductible form for the IRS. For more information, call the Director of Advancement - (941) 590-1058.

Fraudulent Expert Witness

What if an affidavit deposition or testimony of the expert witness in a lawsuit is fraudulent and/or deceitful? You can make a complaint directly with AHCA and they will investigate your complaint. If you are a member of the FMA and would like an informal opinion as to the merits or non-merits of the case, you can submit a letter to CEJA (CEJA does not have jurisdiction over an out of state physician without a Florida License, but is working on this).

A View from the Catbird Seat
*By James Dougherty, M.D. - LCMS and SARPA Member***PRO-BONO**

The article on retirement by Dr. McCammon in your October 2000 publication expressed many of the frustrations my physician retirees are experiencing. It's impossible when you are young or even middle-aged and actively involved in a busy practice to imagine yourself as anything other than a doctor. Obviously, despite McCammon's bitterness about the indifference of his hospital administrators and former colleagues, he did have the foresight to retire in a state where he was licensed and could volunteer part-time in a teaching hospital. Admitted with the pleasures of "golf, reading, hobbies and family time", he still retains a measure of professional pride and respect.

The situation is substantially different for those of us who chose to relocate in retirement to Florida. Although most of us maintain active licenses in our former states, we cannot volunteer pro-bono for the medically indigent unless we go through a time-consuming and often frustrating application process for limited licensure. Until very recently, even that opportunity was limited to sponsorship by Senior Friendship Center and 5 counties deemed grossly underserved.

SARPA, our Lee County retired physicians organization, has been waging a 4 year crusade to speed up the process and open it up to not-for-profit entities in every county of the state recommended by local public health directors and approved by the State Health Department and Florida Board of Medicine. I regret to say that we received absolutely no support from the FMA and one local legislator who had promised help.

Eventually, help did come from Dr. Brooks of the State Health Department who went to bat with the Board of Medicine and succeeded in gaining its approval for several of our objectives. Limited licensure is now available to approved not-for-profit institutions throughout the entire state. SARPA is now campaigning for activation of a "Temporary Certificate to Practice" which would allow prudently credentialed volunteers to do pro-bono work while their more complicated applications for limited licensure are being processed.

I cannot emphasize enough the need for haste before newly retired doctors lose their zeal to serve and sink into the "retirement mode". This is an oft-repeated scenario for our new doctors joining SARPA. I am happy to say that our mission is now receiving some support from LMHS, and different local state representatives. We would appreciate the backing of organized medicine as well. Obviously, physician volunteers working for free with the medically indigent can help to relieve local not-for-profit hospitals and also practicing physicians of a significant ethical and economic burden. That would be our way of continuing to make a contribution to society as doctors and help you as well.

BUT WHAT IS IT LIKE FOR MOST OF US TRANSPLANTS NOW?

I don't mean the following to be in any way self-serving, but it illustrates several points. Upon arriving in Lee County, my wife and I became volunteers at HealthPark. Almost immediately I was asked to help out with the vaccination program for employees. "You must understand", the caller said, "We can't allow you to give the injections. You'll be helping the nurse." I laughed to my wife after being trapped into agreeing, "I came down here as an Emeritus Professor of Surgery and they make me a nurse's aide". To be truthful, I enjoyed it.

In coming to Florida, I seem to have lost my medical degree. No, alas, a frequent consumer of health care, I've had to visit a number of medical offices. Although I introduce myself as "Dr." Dougherty to the receptionist and add M.D. as I register, I am invariably called "Mister" by the receptionist. Then a door opens and another young person shouts, "JAMES". Thus I am summoned to the inner sanctum. Except for a few physicians (Lord bless them) who address me as "Doctor", some continue the "MISTER" bit. Obviously they haven't even looked at the chart. It is a small matter, I'll admit, but funny how pride rears its unseemly head. I also didn't mean to confine my objections to the "first name" informality of youthful personnel toward only professional patients. Often all we senior citizens have left is our dignity. Psychologists have convinced the business community that calling customers by their given names creates a "warm and fuzzy atmosphere" which helps sales. Well, Doctors, we are still professionals... we aren't selling used cars. New and totally unfamiliar patients didn't walk into my office and say, "Hi Jim." Our employees and we owe the same respect to them as we ourselves expect. Sounds stuffy? You bet! I am a card carrying dinosaur and not alone.

I learned quite early upon our arrival in Bonita Springs that one must become a "regular" in most practices in order to get a timely appointment. We learned the hard way when local generalist's receptionist told my wife, suffering from a severe URI, that she could have an appointment in "6 MONTHS". We hastened to an outreach center where she was seen by a P.A. In spite of daily calls from me, we could not get a report on her chest x rays or blood studies for 5 days. I was told the doctors were "too busy" to talk with me. As an aside, I asked to review her chest x-rays at the time, and the P.A. told me it was not permissible.

I am happy to say that we have found several practices with which we are happy. Even so, I am frustrated at an inability to communicate with some of our doctors, or indeed, to receive timely reports on studies they have ordered. In Season? Forget It! Whatever became of professional courtesy? I am not talking about payment...we are all insured and more than glad to pay overages. I am talking doctor-to-doctor communication. I am asking for simple courtesy from the doctor's personnel. And lest you consider this an individual complaint, let me assure you it is virtually universal among our physician retirees.

Where is the problem? I cannot believe that Florida physicians are so remote that they will not extend at least the courtesy of communication with a fellow physician providing they know he/she is calling. I suggest a word to the "Front Desk" will go along way to relieve the situation.

Think about it, my young friends. Someday you may be in our shoes and rest assured you won't like it one little bit.

The Graying Political Issue

Florida Physician Fall 2000

By Alan Harmon, M.D., Chair of Council for Medical Economics, FMA,

The aging of our nation and the rest of the industrialized world has become one of the most politically sensitive issues. Who will take care of so many elderly? What about Social Security and Medicare?

Throughout history, physicians and senior citizens have been joined by the bond of the patient-doctor relationship. Since the enactment of Medicare in the mid 1960s, Americans 65 and older have discovered a wide variety of social, economic and political links to their physicians and the organizations that represent them. In fact, the American College of Physicians, American Society of Internal Medicine and the American Geriatrics Society have entire departments dedicated to issues that impact the health and welfare of seniors.

Initially, Medicare paid for routine care, but medical breakthroughs were covered only after a long appeals process. For example, the FMA and medical specialty societies worked with patients and patient advocacy groups to gain Medicare coverage of hemodialysis and then renal transplantation. Since then, a variety of organ transplantations have been approved by Medicare, extending the lives of many seniors.

The battle isn't always easy. In the 1980s, physicians were pressing Congress to approve Medicare coverage of mammograms when a president's wife was stricken with breast cancer. The debate stopped overnight, and screening and diagnostic mammograms soon became standard Medicare benefits. Recently, a popular morning TV personality joined organized medicine (after the death of her husband from colon cancer) to urge Congress to allow colonoscopy screening. Today, this too is a standard Medicare benefit.

We don't have to look all the way to Washington to find the effective synergy of organized medicine and seniors. Dr. Gerold Schiebler, associate vice-president of health affairs at UF, and Dr. Glenn Bryan, Jr., from the UF College of Medicine Class of 1976, have made many invaluable contributions through their work in Tallahassee over the decades. Both have served as president of the FMA and have been instrumental in many victories for physician and patient rights, including HMO reform to assure that older patients receive needed evaluation and treatment. Most recently, the FMA defeated a proposal for a restrictive Medicaid drug formulary, a move that would have created a barrier to the latest medical breakthroughs for many of the elderly poor.

We should be proud and support the work and research generated by our excellent medical universities. We should also be proud and support the work of our medical organizations as they strive to translate those breakthroughs into valuable benefits for our patients.

BY THE NUMBERS: OUR AGING STATE AND NATION

- The national elderly population will more than double by 2050 to 80 million.
- The more frail over-85 population will quadruple to 18 million.
- A child born in 1997 could expect to live 76.5 years, about 29 years longer than a child born in 1900.
- People 65 and older represent about 13% of the population, but will constitute 20% by 2030.
- Of all the states in the nation, Florida has the largest proportion of older residents.
- About 24% of all Americans 60 and older who relocate move to Florida. That's about 50,000 new residents in that age group per year - more than any other state.
- There are only about 9,500 certified geriatricians - less than half of the estimated 20,000 needed to care for the 34 million elderly Americans.
- More than 36,000 geriatric specialists will be needed by 2050, when the over 65 population is expected to reach 70 million.

*Article taken from Florida Physician - Fall 2000
Dr. Harmon is a practicing Gastroenterologist in Jacksonville, FL*



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

**January's Question:
"How Important Do You Feel it is
to Your Practice for You to Belong
to Organized Medicine?"**

"I believe that organized representation of the interests of radiologists and our patients in the State and National legislature is important to maintain a fluid and effective practice operation and optimal patient care."
Lawrence Leigh, M.D.
Diagnostic Radiology



"Organized medicine means 'us' in our day to day medical practices to function not as 'lone rangers', but as an organized team. This allows us to deal with insurance/governmental rules and changes from strength, not weakness."
Lazaro Castillo M.D.
Allergy/Immunology

February's Question:**"HOW ACTIVE DO YOU THINK YOU NEED
TO BE ON HOSPITAL MEDICAL STAFFS IN
THE DECISION MAKING PROCESSES THAT
AFFECT PHYSICIANS?"**

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.

Wise Words from Eleanor Roosevelt

Many people will walk in and out of your life, but only true friends will leave footprints in your heart.

To handle yourself, use your head;
To handle others, use your heart.

Anger is only one letter short of danger.

If someone betrays once, it is his fault;
if someone betrays twice, it is your fault.

Great minds discuss ideas;
Average minds discuss events;
Small minds discuss people.

He who loses money, loses much;
He who loses a friend loses much more;
He who loses faith, loses all.

Beautiful young people are accidents of nature,
But beautiful old people are works of art.

Learn from the mistakes of others.
You can't live long enough to make them all yourself.

Friends, you and me...
You brought another friend...
and we started our group... our circle of friends...
and like a circle... there is no beginning or end...

Yesterday is history.
Tomorrow is mystery.
Today is a gift.

We Receive Letters:

My Dear Dr. Rubenstein:

You will not remember me but you took wonderful care of my husband way back in '91-'92.

First, congratulations on heading up the Medical Society. Now, can you do me a small favor? Please call something to the attention of your fellow physicians. We "oldsters" know we're over 80 and to be told, "Well you're over 80" and brushed aside as so much trash isn't really conducive to well-being. Since moving to Fort Myers, after George's death, I've seen four different doctors and am always told this kind of thoughtless comment. I know it and don't need the telling in this off the cuff manner. I know I will have aches and pains and my physical activity is not what it was but a bit of thoughtfulness and passion would be much appreciated. I'm tired of being "brushed off" and would certainly appreciate, at least, a little consideration and kindness.

Perhaps a small hint would help. Many thanks for your thoughtful care of my husband and your all-around caring.

*Most sincerely,
Louise Schupbach*

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.

**DAVID BALDINGER, M.D. - RHEUMATOLOGY**

Medical School: St. George's University School of Medicine, West Indies (1981-85)
Internship: The LaGuardia Hospital, Syoset Community Hospital, New York, NY (1985-86)
Residency: East Tennessee State University, Johnson City, TN (1986-89)
Fellowship: George Washington University Medical Center, Washington, D.C. (1989-91)
Board Certification: American Board of Internal Medicine in Internal Medicine and Rheumatology.
Dr. Baldinger is an associate of Internal Medicine Associates, 2675 Winkler Avenue, Ste 300, Fort Myers.

**DANIEL BENDETOWICZ, M.D. - INTERNAL MEDICINE**

Medical School: National University of Cordoba, Argentina (1980-86)
Internship & Residency: Jewish Hospital of Cincinnati, Cincinnati, OH (1995-98)
Board Certification: American Board of Internal Medicine.
Dr. Bendetowicz is an associate of Primary Health Care at 9981 Health Park Circle, Fort Myers.

**CYNTHIA HENSLEY, M.D. - DERMATOLOGY**

Medical School: Emory University, Atlanta, GA (1992-96)
Internship: Emory University, Atlanta, GA (1996-97)
Residency: Emory University, Atlanta, GA (1997-2000)
Dr. Hensley is in solo practice at 3501 Health Center Blvd Ste 2180, Bonita Springs.

**PETER NEW, M.D. - CARDIOVASCULAR DISEASE AND CRITICAL CARE**

Medical School: Cornell University Medical College, New York, NY (1957-61)
Internship: King County-Harborview Hospital, Seattle, WA (1961-62)
Residency: Vanderbilt University, Nashville, TN (1964-67)
Board Certification: American Board of Internal Medicine in Internal Medicine and Critical Care.
Dr. New is an associate of Southwest Florida Heart Group at 8540 College Parkway, Fort Myers.

Mini-Internship Program



On November 20 & 21, 2000, the LCMS provided a two-day mini-internship program in which the following physicians and business professionals participated:

Seated from left to right: Jeanine Pomeroy, Public Relations, Cape Coral Hospital; Robyn Wright, Director, Physician Services, Southwest Florida Regional Medical Center; Irene Giniat, Principal Health Planner, Health Planning Council of Southwest Florida;

Standing from left to right: Dennis Pearlman, Executive Director, Lee County Criminal Justice Center; James Rubenstein, M.D., Radiation/Oncology; Felix Mestas, M.D., Internal Medicine; Duane Sterne, The Millennium Benefits Group, Inc.

Not pictured: Alan Siegel, M.D., Program Chairman, Brian Kurland, M.D., General/Vascular Surgery, Richard Kilfoyle, M.D., General/Vascular Surgery and Thomas Kowalsky, M.D., General/Vascular Surgery.

The interns were invited guests at the General Membership Meeting on Monday, November 20, 2000, and for a debriefing breakfast on Wednesday, November 22, 2000 at Cape Coral Hospital. The debriefing breakfast provided an opportunity for the interns to share their thoughts and feelings about their experience. A few of their comments were:

"Leadership Lee County should require attendance of the internship prior to graduation. The media should be invited to participate. This would help to clarify many of the stereotypical assumptions that the general public receives from their reporting. Most of all, I encourage the continued expansion of the program and public relation commitment to enlightening our citizens to our medical community. Although all of us are busy, those of us who claim a community commitment cannot do so without having an understanding of the healthcare component."

Dennis Pearlman,
Executive Director, Lee County Criminal Justice Center

"My perceptions of the medical practice were quite different and more positive after spending a day of rounds with Dr. Mestas and a day of surgery with Dr. Kurland. Thanks for the opportunity!"

Irene Giniat,
Principal Health Planner, Health Planning Council of SWFL

"Thank you for allowing me to participate in the program. I will heartily recommend it to others who could benefit from observing at this very different perspective."

Robyn Wright,
Director, Physician Services, Southwest Florida Regional Medical Center

LCMS Stats

NOVEMBER 20, 2000 - DECEMBER 8, 2000

	Current	YTD
Total Phone Calls Received	284	3692
From Physicians and Office Staff	105	1216
For Referrals	20	339
For Background Checks	21	239
Filing Complaints	6	62
Regarding Non-Members	9	134
Regarding Alliance	9	149
Regarding CMS, FMA, and AMA	16	264
Miscellaneous Calls	98	1573
Meetings	10	116
Attended on behalf of LCMS	3	75
Society Meetings	7	40
Applications Sent to Physicians	12	86
Pictorial Directories Distributed	21	106

Medical Libraries

LEE MEMORIAL HOSPITAL MEDICAL LIBRARY *A Message from Your Librarian ... By Narges Ahmadi*

If you have visited the Medical Library lately, you have probably noticed that your library is changing. It will change even more in the coming months. All three branches (Lee Memorial Hospital, HealthPark and Cape Coral Hospital) now have access to many full-text medical journals and to databases, including Evidence-Based Medicine, via Internet. Patrons may now use library computers to retrieve and print entire articles from the following journals:

American Heart Journal	Annals of Surgery	Journal of Bone & Joint Surgery
American Journal of OB/GYN	British Journal of Ophthalmology	Journal of Pediatrics
American Journal of Psychiatry	Chest	Journal of Vascular Surgery
Anesthesia & Analgesia	Circulation	Laryngoscope
Annals of Allergy, Asthma & Immunology	Clinical Journal of Pain	Neurology
Annals of Emergency Medicine	Gut	New England Journal of Medicine
Annals of Internal Medicine	JAMA	Plastic & Reconstructive Medicine

Individual subscribers may access all these journals and databases from their personal computers.

All three libraries also have access to First Search, a set of databases in a variety of fields - from medical and nursing to legal and business. Many of them offer full-text articles as well.

The biggest change will take place in 2001. The Medical Library received a Library Information Science and Technology grant from Florida State for purchase and installation of the library automation system. The system, which includes an online catalog, will replace the library's antiquated card catalog, and will link all three libraries. Patrons will be able to search for medical books and other material located in any of three libraries from any computer which has Internet connection, 24 hours a day, seven days a week.

The project will be completed by the end of September 2001.

Soon, you won't have to set foot in the hospital building to visit your library. The virtual library is around the corner.

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER MEDICAL LIBRARY

The Library at Southwest Florida Regional Medical Center is well equipped to handle the reference and research requests of physicians, staff, and patients. Our library, as well as our physician lounge, has access to the Internet for literature searches, CME and numerous sites of interest for physicians. Sandy, in the library (next to Administration) is happy to help with requests and she is available from 7 A.M. - 3:30 P.M. Monday - Friday. We usually have a 24-48 hour response for a full text article and there are no fees for physicians on staff.

We are also members of the Health Care Advisory Board Company and can request custom research projects when information requested is not available from journals (2-3 week lead-time required). Numerous journals are available in the physician lounge for your convenience, and each month we archive them in the library. There are many reference texts available for specialty areas and we are open to purchase additional texts that physicians request and will be using. Feel free to call us at 939-8550.

Internet Medical Resources

MEDLINEplus - A PLUS FOR BOTH PHYSICIANS AND PATIENTS

By Michael Barnaby - Public Information Officer

One of every 3 Internet users recently polled by PC Data Online reported visiting healthcare information websites before calling a doctor. Of the respondents, 60% said they visit such sites for help in diagnosing health problems, 56% seek general health information, 43% are looking for fitness and wellness information, and 42% search for prescription drug information. With this in mind, physicians will do well to acquaint themselves with some of the major information sources.

MEDLINEplus, at <http://www.nlm.nih.gov/medlineplus/>, offers both physicians and patients authoritative, quality health care information from the world's largest medical library - the National Library of Medicine at the National Institutes of Health. According to Dr. Donald A. B. Lindberg, the Library's Director, "Both health professionals and consumers can depend on it for accurate, current, medical information. MEDLINEplus is for anyone with a medical question." And that includes just about everyone.

It would be difficult to overstate how much information is available through this website and its thousands of links. Well-organized and offering clear navigation, MEDLINEplus is divided into five categories: Health Topics, Drug Information, Dictionaries, Directories, and Other Resources.

• **Health Topics** is probably the most often accessed area by laymen, offers conditions and diseases categorized by broad topic areas, such as "Blood/Lymphatic System." Within a given topic area, A-Z offerings such as "Anemia" appear, from which patients easily point and click through the following: General Overview; Anatomy and Physiology; Clinical Trial Sites; Diagnosis/Symptoms; Treatments; Statistics; and Support Organizations, where applicable.

• **Drug Information** is supplied by the United States Pharmacopoeia (USP), and lists over 9,000 prescription and over-the-counter medications. All medications are detailed by Brand Names, Category, Description, Before Use, Proper Use, Precautions, and Side Effects. Additionally, this area offers an "About Your Medicine" page and links to any clinical trials that may be related to the specified product.

• **Dictionaries** give direct access to a plethora of medical dictionaries, and even links five separate "links to lists" - an endless wealth of information, including specialized medical dictionaries, encyclopedias and glossaries.

• **Directories.** As with the other areas, the scope of information served up can only be hinted at, and must be visited to be appreciated. From the online *American Dental Association Member Directory* through the listing of *Osteopathic State & Regional Associations*, the Directories area offers physicians direct access to professional organizations worldwide. Hospitals and other healthcare facilities links run the gamut from the *American Hospital Directory* to a *Substance Abuse Treatment Facility Locator*.

• **Other Resources.** A rich, and again, nearly endless source of direct links to other organizations providing health information, consumer health libraries, publications such as online health magazines and newsletters, databases covering special topics and collections, and access to the original MEDLINE - the National Library of Medicine's database of references to more than 11 million articles published in 4,300 biomedical journals.

With information of this depth and at this scale available to anyone with Internet access, expect your patients to come to you with more knowledge than ever before. If you don't access the net yourself, perhaps it's time to consider it.

Lee County Health Department
Judith Hartner, M.D., MPH

**2001 DUES ARE IN
YOUR OFFICES
PLEASE PAY
STAT**

\$244,897
AVERAGE MALPRACTICE CLAIM
PAID IN FLORIDA IN 1999.

85% OF CLAIMS CLOSED
WITH NO INDEMNITY PAID BY
FPIC DURING THE 1990s.

80% OF CASES WON
IN TRIAL BY FPIC
DURING THE 1990s.

**CAN YOU REALLY
AFFORD ANY OTHER
INSURANCE COMPANY?**

**FPIC CONTINUES TO
LOBBY STRONGLY FOR TORT
REFORM IN TALLAHASSEE.**

FPIC - Protecting Florida physicians since 1975.

Call 1-800-741-3742 For a Free Brochure and Rate Quote!
FPIC • 1000 Riverside Avenue • Suite 800 • Jacksonville, FL 32204
www.medmal.com
FPIC is Endorsed by the Lee County Medical Society.

BATSON CARNAHAN & CO., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Divorce Mediation, Business Mediation,
Business Valuations & Litigation Support

Financial & Estate Planning
Investment Counseling
Deferred Compensation Plans
Physician Compensation Plans

Medical Office
Management Consulting:
RBRV/Evaluations & Fee Management
Accounts Receivable/Collections
Office Systems Review
Employee Productivity-
Cash Controls-Work Flow

8211 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33919
482-5522

Prompt Pay Bill Effective October 1, 2000

The Legislature passed SB 1508 addressing payment of HMO claims. Recommendations by the Advisory Group on the Submission and Payment of Claims along with suggestions by the hospital field, physician community, and HMO industry were the foundation for Changes to Caper 642,395,408, 631 and 817 of the Florida Statutes. Major changes the statutes include:

CLAIMS PROCESSING:

HMO contracts must include the mailing and/or electronic address and phone numbers for claims processing, including that of separate claims processing center. HMOs must give 30-day prior written notice of changes. HMOs must have written procedures for granting authorizations and must give prior written notice of changes. Claims are considered "received" when verified electronically or by return receipt if the claim is mailed. Providers may also use other agreed upon methods to submit claims. Providers cannot resubmit a claim until 45 days after original claim was submitted.

Providers that bill electronically are entitled to electronic acknowledgement of receipt within 72 hours.

HMOs may not retroactively deny claims for subscriber ineligibility more than one year after the date of service. The Department of Insurance may adopt rules for coding standards consistent with HCFA.

PAYMENT OF CLAIM

The rule to pay a "clean claim" within 35 days now includes payment of the "clean" portion of the claim within 35 days. If a claim is contested the HMO must include a request for additional information.

If the HMO does not pay or deny within 120 days, the HMO has an uncontestable obligation to pay the claim. A "clean claim" for hospitals was defined as "absent a written definition that is agreed upon through contract, institutional claims will follow the National Uniform Billing Committee UB-92 data set for a properly and accurately completed paper or electronic claim."

A "clean claim" for physicians was defined as "the current Medicare HMO definition will be recognized, which means a claim that has no defect or impropriety including lack of substantiating documentation for non-contracting providers."

Interest of 10% on an overdue clean claim or any uncontested portion begins to accrue on the 36th day after claim is received.

AUTHORIZATION

HMOs cannot deny a claim if the provider follows the HMO authorization procedure and receives authorization for a covered service for an eligible subscriber.

HMOs are responsible, i.e. must pay claims, for any covered service authorized by a physician empowered by the HMO to authorize or direct the patients utilization of covered services. The only exception is if there is a willful attempt to misinform the HMO.

HMOs are required to provide treatment authorizations 24 hours a day, 7 days a week. HMOs may not pend claims unless providers agree to take a pended or tracking number.

BALANCE BILLING

Providers, regardless of whether they have a contract with the HMO, cannot attempt to collect money from an HMO member or file legal action against or report to a credit agency if the provider knows or should know that the HMO is liable for payment. This prohibition applies to claims which have been pended by the HMO or part of dispute resolution or legal proceedings.

It is presumed that the provider does not know and should not know that the HMO is liable unless:

1. The HMO notifies the provider that it accepts liability, i.e. authorizes it.
2. A court of competent jurisdiction determines the HMO is liable; or
3. AHCA makes a final determination that the HMO is required to pay.

Providers may collect money from HMO patients when the HMO has not given authorization to the provider or informed the provider it will not pay.

Providers are subject to fines by AHCA if they inappropriately balance bill the patient.

TAKE BACKS

HMOs cannot automatically deduct any alleged overpayments without the provider's approval or if the provider fails to respond to the HMO's request for overpayments.

HMOs must file a claim with the provider for any suspected overpayments. The provider must pay, deny, or contest the request in writing within 35 days. If the provider denies payment, the denial must include a request for additional payment. The HMO must submit the additional information within 35 days after receipt of the request. The provider must pay or deny the claim for overpayment within 45 days of the receipt of the information from the HMO.

Interest of 10% accrues on an overdue payment of a claim for overpayments beginning on the 36th day after the claim for overpayment was received.

A provider must pay or deny any claim for overpayment within 120 days after receiving the claim. Failure to do so creates an uncontestable obligation to reimburse the HMO for the overpayment.

DISPUTE RESOLUTION

AHCA will establish a program for claims disputes not resolved by HMOs and providers through internal process by January 1, 2001. A qualified third party claims dispute resolution entity will be selected by and under contract with AHCA.

This process is available to both contracted and non-contracted providers for those claims not resolved by the provider and the HMO.

Claims not eligible for the dispute resolution process include:

- Interest on late payments
- Non-HMO claims
- Claims below the dollar amount eligible for dispute (decided by AHCA)
- If part of a lawsuit
- Claims part of the internal grievance process for Medicare Registration
- If subject to contract dispute resolution process entered into prior to October 1, 2000

Providers have no more than 12 months after the HMO denied the claim to submit cases to the dispute resolution program.

The resolution organization must make a recommendation to AHCA within 60 days of receiving the dispute. AHCA has 20 days to decide whether it will adopt their recommendation.

Losing party must pay a review cost to the resolution organization, to be determined by AHCA. If the non-prevailing party fails to pay the ordered review cost within 35 days after AHCA's order, a penalty of \$500 per day will be assessed until the cost is paid.

PENALTIES

Providers are subject to AHCA fines for violations of balance billing.

Both HMOs and providers are subject to the same fines for systematic down coding and systematic upcoding to obtain money not otherwise entitled.

Providers are subject to fines for violations of the new take back procedures only when the HMO has insufficient claims due from that provider in which to offset the overpayment.

Reprinted from Medical Précis

STATE ELECTION RESULTS PRODUCE A PRO-MEDICINE MAJORITY (Continued from Page 1)

The lesson to this story is that there is now a consequence to opposing the FMA's agenda. Other legislators will be less inclined to oppose the FMA's position when they reflect on the fate of their colleagues; Kelly, Tullis and Argenio. Furthermore, it is a political liability to be aligned with AIF and the HMO's on health care issues; just ask former Representative Janegale Boyd.

MediSoft - Trust the name that is known.**Trust MediSoft Patient Accounting**

Tens of thousands of practices have chosen MediSoft Patient Accounting as the foundation of their office management system. There are dozens of features to organize your finances and help your office operate more effectively.

Trust US with MediSoft!

We've made it our business to help you with MediSoft. We don't stop at selling you the software, we offer local, personalized service and support from start to finish. Call Rachael or Harry today.



Your local MediSoft Five Star Dealer:
Computerized Business Systems
888-691-8058 or 941-743-6666
Serving SW Florida since 1987.
Member Charlotte County Chamber of Commerce



1,100 to 7,500 Sq. Ft.

Medical - Office - Retail

Parker Plaza

Ken Weiner
The Weiner Companies, Inc.
Licensed Real Estate & Mortgage Brokers

Voice: (941) 939-7088 Fax: (941) 939-7892
Email: kweiner@peganet.com



Gladiolus Dr. west of Winkler Rd.

1/4 mile to Healthpark
15,000 cars per day
Ample parking
Generous Tenant Build-out
Below Market Rates



LEE COUNTY MEDICAL SOCIETY
P.O. BOX 60041
FORT MYERS, FL 33906-0041

2001 INSTALLATION
OF LCMS OFFICERS
TUESDAY, JANUARY 16
FMA PRESIDENT, DR. TERRY MCCOY