LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

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LEE COUNTY MEDICAL SOCIETY MEETINGS FOR 2001

GENERAL MEMBERSHIP MEETING
NO MEETINGS JUNE - SEPTEMBER

SEPTEMBER 20-23, 2001
FMA Annual Meeting
Tallahassee, FL

MONDAY, OCTOBER 8, 2001
Lee County Medical Society/Alliance
&
Collier County Medical Society/Alliance
Joint Legislative Meeting
Area Legislators Invited
Fiddlesticks Country Club
6:30 P.M. - Social Time
7:00 P.M. - Dinner
Speaker: Sandra Mortham, FMA EVP.

MONDAY, NOVEMBER 19, 2001
HIV/AIDS and Domestic Violence Seminar
Royal Palm Yacht Club
5:30 P.M. - Social Time
6:00 P.M. - Dinner

MONDAY, DECEMBER 10, 2001
Holiday Party
The Veranda Restaurant
7:00 P.M. - 11:00 P.M.

2002 GENERAL MEETINGS
3RD TUESDAY OF JANUARY, MARCH, MAY, SEPTEMBER, NOVEMBER
ROYAL PALM YACHT CLUB

Congratulations to Liz Kagan

2001-2002 AMA ALLIANCE PRESIDENT

Liz was installed as President of the American Medical Association Alliance on June 19th at the AMAA Annual Meeting in Chicago. She is only the second Alliance President from Florida in their 79 years of organization. We are very proud of her and the contributions she gives to the House of Medicine.

Inserts

1. **LEGISLATIVE SESSION 2001- THE GOOD, THE BAD AND THE UGLY**
2. **FMA- LEGAL AND ETHICAL IMPLICATIONS IN MEDICINE: HOW TO AVOID THE CONFLICTS WITH THE REGULATORY SYSTEM**
3. **RECOMMENDATIONS FOR INFLUENZA VACCINATION**

—*In This Issue...*—

PRESIDENT'S MESSAGE

HMO Redo

Peter Blitzer, M.D.

They are coming back. "Medicare Shift Toward HMOs is Planned" is a recent headline from the *New York Times*. The article quotes a top health care official in the Bush administration named Thomas Sculley, who happens to have been a lobbyist for "for profit" hospitals until this year. He says that his goal is to double the number of Medicare recipients in HMOs by the end of Bush's four year term. This will bring the proportion of Medicare enrollees in HMOs to 30%, which would be greater than several years ago at the previous maximum.

Here we go again, but at least this time we can be prepared. You know the adage that those who do not learn from history are destined to repeat it. There is no need to detail our history with HMOs, but briefly here is the story. Initially, there was marketing hype. Then there was a rush by patients and physicians to sign up with the various plans. Next came disillusionment with poor access for patients and low reimbursement for physicians. Finally came the demise of the HMO plans.

What follows are the lessons I learned in the 1990's from my dealings with HMOs.

1) There is no way we can keep the HMOs out of Lee County. They will come and go, just like red tide.
2) Do not trust anything an HMO administrator tells you.
3) There is no reason to be bullied into joining HMOs. So many times I saw colleagues join dubious HMO plans for fear of losing market share to competitors! This was never, in the long run, a successful strategy. It does not force the competitor to leave town. All it does is force him to retaliate by contracting with the same plan under the same rotten terms. Furthermore, HMOs never remember your efforts on their behalf. They will still try to reduce your reimbursement the next chance they get.
4) Telling patients to leave HMOs is a dubious strategy. HMOs do not make money off patients who actually need medical care. HMOs are happy if sick people quit. (In fact if an oncologist wanted to punish a particular HMO he could encourage his non-HMO patients to join that plan! Just joking.)
5) Partnering with hospitals or practice management organizations is not our salvation. We were naive when we thought that these "experts" would help us in our dealings with HMOs. We learned painful lessons about businessmen running practice management companies. These folks are not brilliant at dealing with HMOs (you know they were the ones who could not get into medical school). Worse even, they have their own agendas, which mostly involve them making money.
6) Support your Lee County Medical Society. Through the tireless efforts of people like Dr. Steve West, we have been able to rein in the power of the HMOs. The "All Products Legislation" is just the latest example of this.
7) Physicians who practice good medicine and who stick with their basic financial instincts will survive. Avoid contracting with any HMOs that do not allow you to take good care of your patients or that do not allow you to make a reasonable profit. If you follow this simple strategy, you will survive.

I'm not advocating a boycott, but if your experiences were similar to mine, you might consider "going slow" in signing up with HMOs this next go around.

How America's Founding has Changed the World

By Samuel West

With the words: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness," a revolution began pitting a powerful and formidable mother country against her freedom-wanting colonies. As the two opposing sides clashed over "taxation without representation" the world watched and waited. The war ended; thirteen independent colonies united into a nation on the absurd concept of freedom and equality. Europe and the civilized Old World waited for the upstart United States to fail and return to their colonial servitude. The downfall that Europe sought never happened. The United States survived and its vision of liberty and dream of equality slowly widened and eventually after two hundred years encompassed the very nations that first scoffed it.

As time progressed and the United States stabilized, the ideals of freedom and liberty that seemed to be contained within America's borders slowly drifted over to Europe inciting the French Revolution. The country that aided the American revolutionaries now grasped American principles. French peasants stormed the Bastille fighting for their own Declaration of the Rights of Man. The oppressed and downtrodden in France wanted the same liberties that their American counterparts demanded only a few years before.

Although the French Revolution ultimately failed, the American dream of equality did not die. Instead, it inspired Latin America to revolt against the Spanish. These revolutionaries embraced the principle of equality and modeled their own constitutions after the Constitution of the United States. The very country whose loss in the Revolutionary War brought forth the United States began its own reformation into democracy. The British, like the Latin Americans, discovered American equality and integrated it into their society mixing age-old tradition with equality and personal liberty.

Slowly, American views swept across the world; coupled with these ideals were revolutions. Not all the rebellions ended in democracy. In 1917, the Bolsheviks led a revolution influenced by Marx's Communist Manifesto. These revolutions ended in totalitarian regimes oppressing their peoples. The Bolshevik and later the Chinese insurrections threatened the advancement of the American Dream. The dream of equality slowed because of these rebellions; it did not end.

The ultimate test of American equality came in the form of two World Wars. The United States and her allies clashed globally twice with a Germany bent on the conquering of Europe. Both wars called for the United States to intervene in order to save its own democratic principles. The dream of equality survived both contests and strengthened from them.

In the post-World War II world, the American dream grew even as the world changed into a WARSAW vs. NATO battleground. American revolutionary principles widened and stretched encompassing the free world mocking the Soviet Union's attempt to eradicate them. As the Cold War began, the United States entered in a policy of coengagement against the Soviet Union. The NATO bloc strengthened the principles of liberty first installed in the world by the Declaration of Independence.

Continued on page 4

AS I RECALL...

Reunion 2001

Roger D. Scott, M.D.

On May 5th, a beautiful day with clear skies and punctual plane flights, we arrived in Baltimore early for my 50th Medical School Reunion. As we drove on Light Street, memory of my first vision of 1947 Baltimore occurred. We arrived from the beautiful state of Florida and college in Virginia and came into the warehouse area, a filthy dirty harbor with rats running around, trash on the streets, and an area of much crime and prostitution. What a change fifty years have made as this is now premium locations with a beautiful harbor area.

Greeting us for the next two days was the most courteous and helpful Alumni Association staff at the old school building, Davidge Hall erected in 1812. It is an architectural wonder now undergoing a much-needed facelift. A tour through the various halls of this building yielded beautiful portraits of some of the physicians and instructors who were faculty in our day. There were several opportunities to sit in the old assigned lecture seats of fifty years ago and simply reminisce of those days with mental apparitions of such outstanding teachers. Thank you sirs (men only) for what you taught us by lecture and personal example. Several talks were given including reports on the progress of the University that has now become monstrous in size occupying many city blocks in downtown Baltimore.

It was great to be able to visit one of the secret dissecting chambers and see one of early anatomist Dr. Smith's famous whiskey barrels in which he shipped cadavers out of the state of Maryland. Incidentally, the first article (July 1995) I wrote for the *Bulletin* was based on Dr. Smith and the later anatomist, Dr. Uhlenhuth at the University of Maryland.

On Friday evening the entire Alumni Association Reunion dinner (wonderful food and service) was held and our class of 1951 was honored. This was the first time that many of us had seen each other in 50 years and while a number of the people could be recognized by their current physical status, it seemed we were all pretty much shaking hands and looking over at the name tags to be sure we had the correct person. Discussion with classmates revealed that even though our bodies had aged, it appeared that our minds had stayed young. It was just like another of the "old days" to be back with this group of fine people. We were blessed to have such a wonderful class, and I shall forever be grateful for my association with them.

On Saturday we visited Davidge Hall again and heard more information about the University's extensive research, other programs, and new curriculum. On that evening, we had our private Class Dinner, but only twenty-one attended. The Alumni Association had sent questionnaires to the fifty-two living members (41 deceased & 3 lost) requesting information but only thirty-one responded. This was then presented to us as individual class biographies. As best I can tell, ten of us are still working and at least twenty-two are retired. Eleven would definitely re-do medicine, four definite no's, and sixteen non-committals. I truly believe that all of us would choose medicine again if we could have the joy of practicing as it was without the tremendous pressures of managed care and government involvement. Specialties are: one each in Otolaryngology, Geriatrics, Neurosurgery, Child Neurology, GYN., and Administration. One in each of these combined: Aerospace & Occupational Medicine; Pediatrics; E.R.; and Occupational Medicine; Internal Medicine, Endocrinology & Metabolism. Internal Medicine 6, Family Practice 6, Peds 4, Psychiatry 4, Anesthesia 2, Radiology 3, Urology 3, Gen Surgery 3, OB-GYN 6, Non-responding 6.

It was great to see my old roommate of two years while in Residency Training at University Hospital. Our room had two single beds with a sink next to my bed; the showers and toilets were some distance away. When we came up to try to sleep for a few minutes, we were so tired it was difficult to get to the bathrooms and therefore the sink became a urinal.

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P.O. Box 60041
Fort Myers, Florida 33906-0041
Phone: (941) 936-1645
Fax: (941) 936-0533
Website: www.leecountymedicalsociety.org
E-Mail: awilke@lcmsfl.org
FMA: www.fmaonline.org
AMA: www.ama-assn.org
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As I Recall... *Continued from page 1*

The roommate had sustained tremendous brain injury and right eye loss in WWII and had very poor aim so after one or two days of his sprinkling, I moved to the other bed. Many such old stories were exchanged. Time passed too quickly to allow for enough "visiting."

We sadly missed our departed forty-one but would send them a message that we love you and we have thought about you these days, and we will meet again!

Best wishes to Tony Migliore on his retirement; he contributed much to Lee County Medicine.

Membership Activities

NEW MEMBERS
Gilberto Acosta, M.D.
Antonio Bunker-Soler, M.D.
Janet D. Clark, M.D.
May Lynne Foo, M.D.
Christina Hodges, M.D.
Jan Malat, M.D.
Velimir Micovic, M.D.
Peter New, M.D.
Richard Liu, M.D.
Diane Smith, M.D.
Glenn A. Tovar Dias, M.D.
Phillip Y. Roland, M.D.

DROPPED
E. Joy Arpin, M.D.
Michael Bauerschmidt, M.D.
Luis Faverio, M.D.
Scott Geller, M.D.
Eduardo Gonzalez, M.D.
William Keith, M.D.
Jeffrey Lang, M.D.
Catherine Larned, M.D.
Jerilee Lomas, D.O.
Cynthia McCurdy, M.D.
Margie Morales, M.D.
Christian Rosioru-Ross, M.D.
George Sypert, M.D.

RETIRED
Anthony Migliore, M.D.

MOVED
Robert Eid, M.D./ Florida Keys

You Need to Know About the 2000 Prompt Pay Law

By John Knight, FMA Counsel

In 1998, the Legislature enacted Section 641.3155, Florida Statutes (the "former prompt pay statute"), in an effort to curb many of the abuses faced by contracted physicians and hospitals regarding HMO late payments. The statute was intended to hold HMOs accountable for not paying contracted physicians on time by providing for interest payments on late payments. Unfortunately, the statute did not work.

During last year's legislative session, the FMA was instrumental in passing a bill that hopefully will correct many of the abuses still being faced by physicians regarding HMO late payments and other payment abuses by HMOs (the "Prompt Pay Statute"). This new legislation became effective on October 1, 2000. The legislation amends many of the provisions of the former prompt pay statute and, for the first time, creates an external dispute resolution panel to hear claim disputes between physicians and managed care entities. The legislation also expands the protections of the former prompt pay statute to cover both contracted and non-contracted physicians.

One of the major problems encountered by physicians, as well as other providers, prior to the passage of the Prompt Pay Statute, was that physicians did not have any type of external review available to them to hear disputes regarding payments and downcoding. Under the new law, an independent claim dispute resolution organization will review disputed claims, downcoding, between both contracted and non-contracted providers, and HMOs beginning on April 1, 2001. In order to have a claim reviewed the disputed claim must equal or exceed $500.00. Different types of claims may be aggregated together to reach the $500.00 minimum. It is important to note, that the Prompt Pay Statute provides that the loser pays the review cost to the resolution organization.

The new law attempts to correct several of the most abusive practices faced by physicians when dealing with HMOs. One of the most abusive practices by HMOs deals with retroactive denials. The Prompt Pay Statute prohibits most retroactive denials by HMOs. The new law provides that if a physician follows an HMO's authorization procedures (which must be communicated to physicians and kept current) and receives authorization for a covered service for an eligible subscriber, the HMO cannot retroactively deny the claim, unless the physician provided information to the HMO with the willful intent to misinform the HMO. The HMO may retroactive deny payment only if it determines, within one year from the date of payment, that the patient was not an eligible subscriber at the time the service was provided.

One practice used by many HMOs to avoid the requirements of the prompt pay statute is to allege that they never received the claim from the physician. The new legislation corrects this practice by providing that claim is considered "received" by a HMO: (1) if a claim is electronically transmitted to the HMO, the claim will be considered received by the HMO when receipt is verified electronically; and (2) if the claim is mailed to the address disclosed by the HMO to the physician in its contract, on the date indicated on the return receipt. The new law also provides that HMOs must provide physicians who bill electronically with electronic acknowledgement of receipt of the claim within 72 hours.

Another practice used by many HMOs to avoid the requirements of the former prompt pay statute was to claim that the statue only applied to "clean claims." Unfortunately, that term was never uniformly defined. The new legislation seeks to correct this practice by defining a "clean claim" and provides that physician claims must be submitted on the HCFA 15000 form. For claims submitted by physicians, the current Medicare definitions of a "clean claim" is used as an interim definition of a "clean claim." Once HCFA adopts federal claim filing standards based, in part, on the recommendations of the National Uniform Claims Committee, the Department of Insurance is required to adopt rules to establish claim forms and implement the federal standards, including the federal definition of "clean claim." The new legislation also authorizes the department to adopt rules to establish uniform coding standards for all HMOs that are consistent with Medicare coding standards adopted by HCFA.

Another abuse faced by many physicians when dealing with HMOs concerns automatic withholds or takebacks by HMOs. The Prompt Pay Statute prohibits these automatic withholds or takebacks. Under the new law, if an HMO believes it has made an overpayment to a physician, it must first make a claim for the alleged overpayment. The HMO may not reduce payment to the physician unless the physician agrees to the reduction or fails to deny the HMO's claim. If the physician does not contest the claim, the physician must pay the claim within 35 days from receipt of the claim. If the physician contests or denies the claim, the physician must notify the HMO within 35 days of receipt of the HMO's claim. A physician must deny or pay a claim within 120 days after receipt of the claim. The failure to either deny or pay the claim within that period results in an uncontestable obligation to pay the claim. If the physician denies the claim and the HMO wants to recover the alleged overpayment, the HMO must appeal the dispute to the claims dispute resolution organization created by the legislation.

The Prompt Pay Statute also seeks to correct three other problems physicians have traditionally encountered with HMOs: (1) interest on an overdue payment for a clean claim or any uncontested portion of a clean claim begins to accrue on the 36th day after the claim has been received; (2) HMOs are required to provide authorization 24 hours a day 7 days a week; and (3) systematic downcoding by an HMO with the intent to deny reimbursement otherwise due is now illegal. On the other hand, the law also provides that systematic upcoding with the intent to obtain reimbursement not otherwise due from an insurer is also declared to be illegal. If you have any questions email **legal@medone.org**

Florida Medical Association's 2001 Annual Meeting - Miami, FL

By: Sandra B. Mortham, CEO/EVP

The Florida Medical Association's 2001 Annual Meeting will be held at the Doral Golf Resort and Spa from September 20-23 in Miami, Florida. This year's participants will enjoy the tropical South Florida atmosphere at the Doral while benefiting from the unparalleled golf offerings and the world-renowned spa. In addition to the five golf courses (including the famous "Blue Monster") and the spa, the Doral offers tennis, shopping and the new Blue Lagoon pool.

We will kick-off Annual Meeting on Thursday evening with a Wine Tasting Fundraiser for the Florida Medical Foundation. If you consider yourself a wine connoisseur or would just like to learn more about wine, you'll want to make plans to attend this special event. It will be a fun evening for the adults featuring unique wines from around the world, entertainment and door prizes. The tax-deductible contribution of only $25 per person supports projects funded by the Foundation.

Reference Committees will meet on Friday as well as the first session of the House of Delegates. A trade show will go on all day in conjunction with the IMG Taste of the World Reception at noon and the Family Fiesta Dinner at 6 P.M. This year's buffet dinner will have a Latin theme with lots of music and entertainment for the whole family. Tickets are only $10 for adults and children under 12 eat for free. Friday afternoon will also include a cooking demonstration/luncheon at the spa and a kid's scavenger hunt.

We get down to business on Saturday morning with the second session of the FMA House of Delegates starting at 8 A.M. The Kid's Alliance will have their very first annual meeting and the FMA Alliance meets at 8 A.M. for their House of Delegates' first session. The FLAMPAC 1000 Club will sponsor a reception at 11 A.M. in the Lobby Terrace overlooking the golf course, followed by the Good Government Luncheon at noon located in the Pavilion. Saturday afternoon is set aside for family fun. You can participate in the FMA/FLAMPAC Golf Tournament, relax at the Spa, play tennis or enjoy the new Blue Lagoon. Saturday will conclude with the FMA/FMAA Inauguration Dinner and Ceremony followed by dancing and entertainment.

Annual Meeting winds down on Sunday with the last session of the FMA House of Delegates and FMA elections. The FMA Alliance is observing their 75th Anniversary with a Celebration Luncheon followed by post convention board meetings for both entities. For more information visit Hot Topics at **www.fmaonline.org** or contact Kathy Pierce at **kpierce@medone.org** or (800) 762-0233.

You won't want to miss the excitement at the FMA Annual Meeting 2001... see you in Miami!

Lee County Medical Society Delegation - David M. Reardon, M.D., Chair

Howard Barrow, M.D.	Ralph Gregg, M.D.	Julio Rodriguez, M.D.
Peter Blitzer, M.D.	Bruce J. Lipschutz, D.O.	Alan D. Siegel, M.D.
Valerie C. Crandall, M.D.	Cherrie Morris, M.D.	Joel T. Van Sickler, M.D.
James Fuller, M.D.	Daniel Robertson, M.D.	Steven R. West, M.D.

Contact Them with your ideas and issues. They stand ready to help you with a Resolution to the FMA.

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

July's Question:

"What are the Problems with the National Practitioner Data Bank?"

"The National Practitioner Bank was incorporated into the Health Care Quality Improvement Act as an attempt to protect the public from incompetent or unethical medical practitioners. On the positive side, I believe that because adverse actions taken by health care organizations are reportable to the data bank it has encouraged physician medical staff leadership to attempt to resolve problem physician issues through educational or other interventions to rehabilitate the practitioner. However, on the whole the data bank appears not to have achieved its mandate. Specifically, it does not appear to be capturing data due to underreporting. With regard to reporting of malpractice payments, underreporting occurs by the use of the "corporate shield," therefore omitting the individual practitioners name or the failure to report at all by self-insured organizations such as HMOs etcetera. Furthermore, as a condition of initial appointment or reappointment to a medical staff, the physician applicant is required to acknowledge any malpractice settlements and the medical staff office is obligated to confirm any such rationale for establishing the data bank was to prevent itinerant incompetent or unethical physicians from moving from state to state. I have no idea whether in fact the data bank has helped to remedy that problem. Because anytime gaps of 6 months or longer in an applicants CV raise questions with the credentials committee, presumably such physicians would be identified through regular channels of investigation. Other issues of concern include the accuracy of the information (i.e. coding errors of adverse actions), the timeliness and currency of the information.

In summary, I believe that the general consensus is that the National Practitioner Data Bank has failed to meet its mandate."

Bruce Berget, M.D.
Pediatrics

"At the risk of sounding cynical, three proverbial sayings come to mind: The road to hell is paved with good intentions; The Devil is in the details; don't give them a reason. Although we would all like to see bad apples removed, we all know this won't do it. By definition all this "data" is negative and is thus a negative reflection on our profession. It is also often inaccurate, incomplete, arbitrary and lacking in proper input by the physician himself. There is no reliable guarantee that this data won't be discoverable by any number of parties for any number of reasons or made public record in the name of public safety and the public's right to know. Since only bad is emphasized it can be used to justify more litigation and regulation that assumes an all guilty until proven innocent, but with the usual "most doctors are good" preamble to make us feel better. Moreover, good doctors are impugned, punished and burdened with more regulation, etc. while the bad apples are protected by this same legal and regulatory system that claims we don't police ourselves and makes life miserable for the rest of us. Another saying comes to mind: Just say no!"

David G. Gaar, M.D.
Anesthesiology

September's Question:
"What is the Effect of Direct-to-Consumer Advertising on Physicians and Patients?"

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.

2001-2002 LCMS Alliance Officers Installed

On May 2, 2001, the officers for 2001-2002 of the Lee County Medical Society Alliance and Foundation were installed. They are:

President	Barbara Rodriguez
President-Elect	Cheri O'Mailia
Vice President	Monica Schneider
Treasurer	Maria Galang
Corresponding Secretary	Noreen Kurland
Recording Secretary	Amy Markovich
Nominating Committee	Donna Homolka, Victoria Sweet, Karen Weiss

TRAVEL LOG

Mission to Russia

By James Fuller, M.D.

January 2001, Drs. Mike Steier, Ron Delans, and Jim Fuller were in Russia a couple of weeks. The trip was an evangelistic trip mediated through medical care. Much of Russia suffers both in the spiritual realm and in the medical realm. We provided a very real physical ministry; then, the patients were open to discuss their spiritual needs. That is how Agape Russian Ministry functions, and because of our medical care the Russian government has been most helpful. On my (Jim) two previous trips to the Yamal Tundra, for instance, the Russian government even provided us helicopters.

We all rode 24 hours north out of Moscow by train to reach the KOMI region bordering Siberia just below the Arctic Circle. Our rather large group filled one train car and spilled over into others. It is of interest that we rode over the bodies of thousands of workers who died building the railroad under Stalin's forced labor. I believe there were 42 of us that left Moscow, and we were joined by eight more in the North to make a team of 50 members. From there we divided into separate teams. Mike and Ron went to a gulag, while Jim went to a TB prison. Facilities were certainly less than spectacular. Mike and Ron ran into more of a problem because about the time we arrived there Putin issued a directive that American doctors and missionaries had no business being in Russia as we were potential espionage agents. This created a hardship for Mike and Ron that Jim did not experience; I couldn't say for sure why – we were all in the prison system run by the militia. However, our purposes were accomplished in each of these areas and we then moved to community cultural centers where we ministered to the local populations.

While the people in the communities welcomed us with open arms, again Mike and Ron had problems with the local authorities. No small part of the problem was Putin's directive as well as the local authorities' erroneous claim that our medical licenses were not valid. Agape's Moscow medical license for the entire group, which has been a premier license for all of Russia, was suddenly, and we later found erroneously, declared null and void because the republics were, as of January 2001, permitted to issue their own licenses. In Russia the institution is licensed – not the individual doctor, who is under the auspices of the institution. So, there they were, accused of practicing medicine without a license (a 10 year prison sentence if found guilty). To make matters worse, their group leaders and about half the group voted to stay and defy the authorities. Finally, supposing they were breaking the law they left, although some were ready to go to prison. We were doing prison ministry part of the time; so, everyone had a first hand view of possible accommodations. It was really inappropriate to defy the authorities; we appeared to be in the wrong and should have left. The heart-rending problem was that the disappointed people were still waiting to be seen.

Jim's team worked for several days in one local community and was successful in reaching our goals. He had no real problems; just cold working conditions as the hot water heat in our cultural center had to be turned off due to leaks, and he missed the community that so welcomed the other group. He was supposed to move after the first few days of medical clinic but stayed in the same community because Mike and Ron ended up going to Jim's second community when they were forced by the militia or KGB to leave. There they had a wonderful experience and both physical and spiritual healing from their ordeal.

When we got back to the Arctic Center, which was our rallying point, we found that Dr. Bill Becknell, who was our host and founder of Agape, had been under house arrest (we've been there before) the entire time. The militia came to the Arctic Center the night of our departure, the best I can tell, to be certain we were on the train out of the community the next day.

The most common medical problems we encountered were, pretty much in the order I saw: hypertension, osteochrondosis or -itis (a great Russian term for arthritis and most any joint problem), anxiety, gastritis, rhinitis, and heart disease. Tuberculosis is common and becoming resistant because they are only treated for six months, and I remember, with only one drug; however, we did not treat active TB. We have fairly sophisticated portable laboratory, ultrasound, and electrocardiography equipment. We have our pharmacy with enough drugs to get them started. When they run out they may buy most drugs over the counter if they have the money. They usually do not; so, when they run out they contact Agape in Moscow. They, in turn, send the next three months or so of medication to a local pastor who worked with us on the trip. This gives us another chance to witness to the patient! Smart, huh? By the way, medications seem to last a long time because they only take them when they feel badly – including anti-hypertensives!

It had been a tiring trip, but we were all satisfied that we had done a service for God and humanity. We all plan to return at the next opportunity. I am not certain what will come of Putin's directive, but the licensure problem is being resolved and another group returned in May and several others are scheduled. It seems to me that the rural Russian people are ready to go back to communism and I am not certain how much longer the door is going to be open. I do know that the Russian people are in desperate need of help. The Russian economy, the Russian people and, in particular, the Russian health care system are in a state of devastation. They are in desperate need of any form of medical care, including doctors, but the greatest physical need is for medical and surgical equipment and medications. This, despite the front we hear about in the news. They are also in dire need of HOPE!

Anyone want to join us on the next trip?

INTERNET MEDICAL RESOURCES

Men's Health Online

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

The broad subject of men's health is handled well online, with a rich variety of information readily available. Following are a few among the many thousands of Internet sites dedicated to this subject.

Men's health (and social) issues are dealt with in-depth at the Men's Health Network, **http://www.menshealthnetwork.org**. A non-profit, educational organization, MHN was a founding member of the National Prostate Cancer Coalition. Listed as highest among their goals are:

- to save men's lives by reducing the premature mortality of men and boys;
- to foster health care education and services that implement positive lifestyle decisions for men of all ages, and their families.

As such, this site covers a broad spectrum – from information and resources on cancer ("Both male specific cancers [testicular, prostate] and other non-gender specific cancers have reached epidemic proportions among men. One in five men is expected to develop prostate cancer at some point in his life") to articles, links and lobbying efforts regarding fathering ("The increasing number of divorces is also taking a toll on fathers. Many fathers are unable to interact with their children because of legal and emotional barriers following divorce.") Of particular note at this website is the Links Section, containing a vast number of worthwhile connections to all things male related. It is very worthwhile.

Man-to-Man is the name of the patient cancer education and support site operated by the American Cancer Society. Although apparently not updated since 1999, the site contains a wealth of informational materials, including clear, easy to read data on prostate cancer. Man to Man is at **http://www.cancer.org/m2m/m2m.html**.

The National Prostate Cancer Coalition based in Washington, DC, numbers among its members The American Cancer Society, American Foundation for Urologic Disease, American Urologic Association, B'nai B'rith International, Cancer Research Institute, CaP CURE, Men's Health Network and US TOO! International, as well as prostate cancer survivors, family members, researchers and health professionals. A notable feature of NPCC is its linkage to Hopelink (**http://www.hopelink.com**), a sophisticated clinical trials locator. The National Prostate Cancer Coalition is at **http://www.pcacoalition.org**.

MenWeb at **http://www.vix.com/menmag**, is offered as a sophisticated, general purpose men's informational site, including but covering far more than men's physical health. Using a magazine format, MenWeb delivers a diverse array of articles in an attempt to educate and entertain "the whole man." Recent offerings have included: Men and Anger; Men and Grief; Men, Spirit, Soul and Shadow; Men and their Fathers; Bringing Up Boys; Being a Father; Men's Health; Surviving Childhood Sexual Abuse; Feminism: Too Far?; Men and Abortion; Men, Women and Relationships; Battered Husbands; Family Court: Fair?; Men, Love and Betrayal; Gang Youth, Art & Soul; Testicular Cancer; and Circumcision.

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.

JOHN BISHOP, M.D. - PREVENTIVE MEDICINE/ HYPERBARIC AND UNDERSEA MEDICINE

Medical School: University of Cincinnati, Cincinnati, OH (1966-70)
Internship: Cincinnati General Hospital, Cincinnati, OH (1970-71)
Residency: U.S. Air Force School of Aerospace Medicine, Brooks AFB, TX (1974-75)
U.S. Air Force School of Aerospace Medicine, Brooks AFB, TX (1990-91)
Post-Graduate: University of California at Berkley, Berkley, CA (1973-74)
Board Certification: American Board of Preventive Medicine in Aerospace Medicine and Undersea and Hyperbaric Medicine.

Dr. Bishop is in practice at Southwest Florida Regional Medical Center at COTS, 3945 Fowler Street, Fort Myers.

TONG C. DUONG, M.D. - PLASTIC SURGERY/HAND SURGERY

Medical School: University of Arkansas, Little Rock, AR (1978-83)
Internship: University Hospital, Jacksonville, FL (1983-84)
Residency: University Hospital, Jacksonville, FL (1984-88)
Fellowship: Tulane Medical School, New Orleans, LA (1988-90)
Board Certification: American Board of Plastic Surgery in Plastic Surgery and Hand Surgery.

Dr. Duong is in solo practice at 643 East Cape Coral Parkway, Ste B, Cape Coral.

McCourt Scholarship Fund

DIABETES CAMP - A NEW LEASE ON LIFE FOR OUR YOUTH

This year the McCourt Scholarship Fund of the Lee County Medical Society will financially support three youths to Florida's Diabetes Camp. Children are recommended for camp by their physicians.

November 4, 1982, Jerome P. McCourt, M. D., his wife, Donna and their four children were returning from a visit to Orlando when their plane crashed near Arcadia, Fl. Dr. McCourt was the first endocrinologist in Lee County. A scholarship was set-up in his family's name by the Lee County Medical Society members to send children and youth with diabetes to camp to learn how to live a normal life with this disease.

The Camp helps these young people to adjust to the disease providing for a fun camping experience in a medically supervised environment. They learn diabetes management and receive important psychological support from professionals and especially from their peers. They come away knowing they can accomplish any goal to which they set their minds; that there are many others with the same disease, and they establish a large support system.

Since 1982, the camp has increased from three sessions to five sessions with over 700 youngsters attending. They also have year-round weekend programs for the youth and their families. The camps are staffed with over two hundred volunteers — college students, medical personnel, teachers and professionals. They work together to ensure a successful program that allows eligible youngsters to attend without regard to the family's ability to pay (average cost is $450). Sponsorships come from civic-minded individuals, organizations and businesses.

The McCourt Scholarship Fund, in honor of the McCourt Family, is pleased to be a part of this life changing experience for our youth.

Since 1982, physicians in the Lee County Medical Society have donated $ 27,732 to the scholarship fund. Using the interest and extra donations, the Scholarship fund has sent 60 youths to the Florida's Diabetes Camp for Children and Youth totaling $18,960.00.

Our sincere appreciation goes to the following members who donated to our children for 2001:

Gary Allen, M.D.
Daniel Axelrod, M.D.
Jack Beaulieu, M.D.
Michael Berg, M.D.
Guillermo Bohm, M.D.
Randall Buss, M.D.
John Butler, M.D.
Deogracias Caangay, M.D.
Thomas Carrasquillo, M.D.
Jack Carver, M.D.
Gene Cox, M.D.
James Croley, M.D.
Patrick Cullen, M.D.
Manuel Del Sol, M.D.
Edward Dupay, M.D.
John Dusseau, M.D.
Mohamed Faisal, M.D.
John Fenning, M.D.
Lawrence Gardner, M.D.
Jacob Glock, M.D.
R. Thad Goodwin, M.D.
Douglas Henricks, M.D.
Larry Hobbs, M.D.
Brian Hummel, M.D.
Carol Huser, M.D.
Wayne Isaacson, M.D.
Zenaida Javier, M.D.
John Kagan, M.D.
Ronica Kluge, M.D.
Randolph Knific, M.D.
Steven Levine, M.D.
William Liu, M.D.
Michael Lutarewych, M.D.
George Markovich, M.D.
Sergio Mather, M.D.
Joseph Mazza, M.D.
Joseph McAlpine, M.D.
Donald McAlpine, M.D.
Jorge Mestas, M.D.
Michael Metke, M.D.
Thomas Morell, M.D.
Charles Northup, M.D.
Robert Pascotto, M.D.
Steven Priest, M.D.
Michael Raymond, M.D.
Jasper Rizzo, M.D.
Daniel Robertson, M.D.
Julio Rodriguez, M.D.
Thomas Schaar, M.D.
Peter Sidell, M.D.
Dennis Stapleton, M.D.
Shahid Sultan, M.D.
Benjamin Tipton, M.D.
Glenn Tovar Dias, M.D.
Bert Van Beever, M.D.
Joel Van Sickler, M.D.
Linda Veraja, M.D.
Joseph Walker, M.D.
Richard Weiss, M.D.
Glenn Wing, M.D.
Marilyn Young, M.D.
Stephen Zellner, M.D.

Fingerprinting Update

The Florida Medical Association has been in contact with the Department of Health to clarify the Fingerprint issue. Physicians were initially told that they must submit a third set of fingerprints because the first two sets were unreadable. In a memo issued by the Department of Health, the DOH has explained that they will accept a written notice from local law enforcement stating that prints previously submitted were the "best available set." The Department will fax to those practitioners a copy of their previously rejected cards to help facilitate the process. In the event a practitioner is unable to obtain a "best available set" statement, a third set of fingerprints will be required. The Department encourages practitioners to request this statement upon having their fingerprints taken a third time. The May 14, 2001 deadline has been extended but practitioners do need to act as soon as possible. To contact the Department of Health, please call (850) 410-3359, Ext. 6. If you have any questions or need further explanation, please contact Michelle Jacquis at 800-762-0233 or via email at **MJacquis@medone.org**.

Beware of Recruitment Scams

Timothy E. Monaghan, M.B.A., J.D.

A physician/client recently fell victim to a scam physician-recruiting agency. The physician needed an associate to share call and office hours and he hoped to find a new partner.

Of course, the problem with having a busy practice is that it leaves little time to take care of the business and to plan for the future. Thus, when he finally set aside time for this project, he was in desperate need of a quick solution, and he signed agreements with two recruiting agencies. The first recruiting agency was a legitimate agency. The fee structure and the contract were clear. For a particular flat fee, the agency agreed to conduct a nationwide search of physician candidates about to complete their residency programs. The contract included a specific list of services to be performed by the agency, including putting together a profile of the practice, screening potential candidates, and coordinating introductions, travel, accommodations, and interviews with the finalist candidates selected by my client. Upon successfully placing a physician candidate, a specified fee would be paid. If the placed candidate left the practice within a year, a subsequent search would be conducted at a reduced fee.

By contrast, the contract with the second recruiting agency was much shorter and much less specific. It did not identify the services the agency would provide to the employer. Rather, it simply stated that a specified finder's fee would be due for any candidate who was "introduced" to and subsequently hired by the physician.

When this client first sought legal assistance, a recruited physician had been working with him for over six months. The associate was recruited by the first recruitment agency, which was involved in coordinating contacts between the client and the new associate and arranging for travel, lodging, and interviews. It had even assisted with working out the business terms of the new associate's employment agreement and was paid for its services. The problem was that the second recruiting agency was now also claiming the right to a recruiting fee. The second recruiter claimed that, prior to the new physician being hired, they had provided my client with the associate's resume via facsimile. Hence, they insisted, they had fulfilled their contract by "introducing" the associate.

Through investigation, we found that the scam agency would routinely call medical residents, ask a series of questions and prepare a mock resume. It faxed the resumes to all of their clients. They knew that if they supplied this client with enough of these "resumes," the odds were good that, if a new physician was hired, the name would be found in the pool of resumes this company had sent across the fax machine. They would have fulfilled the terms of their contracts by "introducing" the associates, because that was all the contracts required.

Obviously, the scam agency provided very limited services to their clients. My client's fundamental problem was the fact that the term "introduction" was never defined in the contract. Does the word simply require sending a resume or something more? Under the contract's terms, the agency was arguably entitled to their fee even though no reasonable person would think they had "earned" the fee. Additionally, this agency would file lawsuits to intimidate physicians into paying the fee, and apparently many physicians paid to avoid the cost of litigation.

In this situation, the physician faced a dilemma since the cost of defending himself against the lawsuit could easily have been more expensive than paying the fee, and the outcome in litigation is often uncertain. We were able to settle the case for a fraction of the claim. Unfortunately, of course, the settlement does not take away the sting of having to pay a fee to someone who didn't earn it.

Be careful when entering into recruitment agreements. Like any contract, have it reviewed by your advisors before rushing into signing it. At a minimum, talk to colleagues who have had encounters with the agency. The best protection is to hire a reputable firm.

Timothy E. Monaghan, M.B.A, J.D., is a shareholder in the Delray Beach law firm of Strawn, Monaghan & Cohen, P.A. He specializes in healthcare law and routinely represents doctors in business matters. Mr. Monaghan can be reached by calling (561) 278-9400.

Physicians in the News

DONALD C. FLETCHER, M.D.

Retina Consultants of SWFL proudly announces the appointment of Donald C. Fletcher, M.D. to the Helen Keller Foundation Chair for the Helen Keller Foundation Chair for Research in Low Vision Rehabilitation, University of Alabama. Dr. Fletcher will continue as the Director of Low Vision Rehabilitation and work with his patients at Retina Consultants.

ABBOTT KAGAN II, M.D.

Dr. Abbott Kagan was installed as President of the Florida Orthopedic Society (FOS) on May 20, 2001 and will serve a two-year term. Some of his goals include increasing membership by 10%; sponsorships for FOS activities, journal, newsletter and coding courses; and working with the FMA on legislative issues.

Improvements in Physician Discipline Reflected in New National Rankings

Federation of State Medical Boards

Florida ranks third in the nation in the number of physicians disciplined and third among large states in the percentage of licensed physicians disciplined, according to the 2000 Annual Disciplinary Report of the Federation of State Medical Boards of the United States (FSMB). In 1998, the FSMB ranked Florida eleventh in the nation in the number of physicians disciplined and twelfth among large states in the percentage of licensed physicians disciplined.

"This is very good news for those who have been concerned with physician discipline," said Agency for Health Care Administration (AHCA) Secretary Ruben J. King-Shaw, Jr., whose agency investigates complaints against doctors.

"It has been a top priority for Governor Bush, Secretary King-Shaw and me to improve the process of physician discipline, and this report shows we are making inroads toward that goal," said Department of Health Secretary Robert G. Brooks, M.D., whose department is responsible for the licensure and regulation of Florida's 41,341 medical doctors.

According to statistics released by the FSMB, Florida took disciplinary action (referred too as prejudicial action) against 258 doctors in 2000, compared with 218 in 1999. This 18 percent increase was substantially above the national increase in physician discipline of 3 percent. California and New York were the only states with figures exceeding Florida: however, both states have significantly higher populations of physicians.

King-Shaw and Brooks pointed to the legislature's commitment in 1999 to provide more legal resources to clear out a backlog of physician complaints as a key reason for the improved ranking. They also recognized the hard work and commitment by Agency attorneys and staff, which sped up the investigations and submissions of recommendations to the state's medical board. These improvements were recognized in Florida as well by a 2000 Davis Productivity Award. The award was for streamlining procedures, reducing case backlog and providing the public with improved timelines and efficiency in handling citizen complaints.

"The Board (of Medicine) is encouraged by the improvements we are seeing in the time it takes cases to reach us," said Board Chairman Gaston J. Acosta-Rua, M.D. "We owe it to the citizens of Florida to take swift action on all disciplinary cases, and we have developed a zero-tolerance policy for those dealing with fraud, sexual impropriety, drug abuse, and medical errors such as wrong-site surgery."

The Board of Medicine, whose members are appointed by the Governor and approved by the Legislature, is a 15 member panel composed of 12 doctors and 3 consumers. The Board hears physician disciplinary cases and takes action, ranging from license revocation to fines and reprimands. Board meetings are public proceedings that take place six times a year.

The Federation of State Medical Boards is a national clearinghouse that compiles data on licensure and disciplinary activities from 69 state medical boards.

LCMS Stats

APRIL 14, 2001 - JUNE 14, 2001

	Current	YTD
Total Phone Calls Received	747	2644
From Physicians and Office Staff	192	480
For Referrals	194	833
For Background Checks	49	163
Filing Complaints	8	27
Regarding Non-Members	20	67
Regarding Alliance	20	61
Regarding CMS, FMA, and AMA	41	116
Miscellaneous Calls	223	897
Meetings	23	71
Attended on behalf of LCMS	7	35
Society Meetings	16	36
Applications Sent to Physicians	8	42
Pictorial Directories Distributed	15	549

SARPA Update

James Dougherty, M.D - Founding President SARPA

In accordance with its bylaws designed to encourage the emergence of new leadership and fresh ideas every 2 years, Dr. Harold Steven's term as President of the Senior and Retired Physicians Association (SARPA) of Lee County ended in April. Dr. Stevens, a distinguished anesthesiologist from Toledo who continues to inspect and certify hospital respiratory therapy programs for the National Board, presided over a very eventful period in our organization's 5-year history. More about that later.

His successor is Dr. Sanford Cohen. Dr. Cohen was a faculty member at NYU School of Medicine, and subsequently served as the chairman of the Department of Pediatrics, Associate Dean of the Medical School and Senior Vice President for Academic Affairs and Provost at Wayne State University in Detroit. He is an Emeritus Professor at Wayne State University and an attending physician at Children's Hospital of Michigan. Author of numerous peer reviewed articles, commentaries and book chapters. He has been a visiting professor at a number of institutions over the past 25 years.

Dr. John Sadd, a retired plastic surgeon and university professor from Toledo, and the second President of SARPA, will remain its Secretary-Treasurer.

Dr. Robert Markelz, a New York internist, continues for another term as Vice President. He also serves as our liaison representative with the LCMS' Legislative Committee that deals with matters of mutual interest to organized medicine and the public.

On the distaff side, SARPA is deeply indebted to Mrs. Karen Stevens, our outstanding Social Chairperson from the outset, who made all the arrangements for the meetings at a variety of clubs in the area. She is getting a valiantly deserved rest. Mrs. Sandra Cohen and Mrs. Valerie Sadd are assuming her responsibilities.

Especial gratitude is due SARPA's Program Co-Chairs, Dr. Richard Christlieb, former Harvard Professor and Medical Director of the Joslin Clinic in Boston, and Dr. Bernard Spencer, University of Minnesota Professor Emeritus of Pediatric Surgery. They provided programs of universal interest to our doctors and spouses alike, and are planning more of the same next "season."

Dr. Lynn Boynton, former Chairman of Membership of the Academy of Orthopaedic Surgeons, remains with me as Co-Chairs of Membership.

I mentioned at the outset that this past year was a significant one in our brief history. It saw SARPA's 4-year "crusade" to open the Health Departments of all the counties of Florida to sponsorship of pro-bono volunteer physicians with active out-of-state licenses by approved, not-for-profit clinics serving the medically disadvantaged. Aided by FMA and the Florida Department of Health support, encouraged by Dr. Robert Brooks, Senator Burt Saunders and thanks to a direct appeal of Governor Jeb Bush, by Rita Dougherty, the Florida Board of Medicine is now working with us. New legislation is being prepared for the 2002 legislative session to simplify and expedite the applications of volunteers. In the future I hope to provide further details and most importantly, reassurance that this legislation will in no way interfere with private practice or encourage people who are capable of providing themselves with medical insurance from doing so. All of us involved are vitally interested in making sure that effective safeguards will be put in place. The vast majority of us in SARPA came out of private practice and are adamantly opposed to "socialization" of medicine. By the same token, as physicians we are morally committed to provide help for those who truly cannot help themselves.

We Have Seen the Enemy and He is Us

E. Rawson Griffin, III, M.D. - President of Clay County Medical Society

It seems like every medical society meeting I attend every month the subject of managed care comes up especially as to how managed care has harmed the physician-patient relationship and reduced the physician's ability to care for his or her patients. Physicians have been rebelling against managed care for years and the new legislative session gives us another opportunity to attempt to correct the deficiencies in managed care through the legislative process.

Each year small incremental changes are enacted, but managed care still is with us and the managed care companies adapt to the legislative mandates and things stay pretty much the same. Take the all products clauses. No question they are wrong and I personally fought against them for years. But has anyone noticed what the companies have done? I signed a new contract recently with an insurance company and they emphasized the fact that they had removed their all products clause. I could take or leave any product they offered. But oh by the way the reimbursement schedule for everyone of their products was identical. They offered no more or no less reimbursement with any of their products.

Fortunately for me their reimbursement was acceptable to me. But their tactics demonstrates nicely that after we as physicians spent all that time and money fighting all products clauses the insurance industry has managed to come up with a plan that basically negates any legislation we passed. They still have their all products clause it is just in different clothing. I still believe that we as physicians bear some of the responsibility for the managed care crisis as we see it. How many physicians have I talked to who have never read a contract they signed? How many physicians are willing to reject contracts because they do not provide sufficient reimbursement to provide high quality care?

If we are willing to sell our soul to the devil and accept whatever is offered to us then we really have no right to complain about what is happening to us. At some point we as individuals need to look at ourselves carefully in the mirror and ask ourselves what we stand for and what we as individuals are willing to do to correct the problem, even if it means we ourselves may suffer as a result. One of the principles of the Hippocratic Oath is that we are willing to sacrifice our lives and our fortunes for the benefit of our patient. Of course this is easier said than done and I understand that. But at the same time we have to be willing to draw the line somewhere. I encourage each and every one of you at a minimum to read every contract you sign.

If you don't like what you see, complain. Contrary to what you have heard insurance companies will negotiate with you. Yes some won't, but the ones that will may be willing to do things that will improve your relationship with them and help your patients in the long run. And don't forget that the FPA, FMA, and AMA all have contract review services where an attorney will review your contract and give you specific recommendations as to what to look out for in that contract. Please use these services. They can help you.

Reprinted from the April 2001 issue of Jacksonville Medicine

How America's Founding Has Changed the World *Continued from page 1*

Fueled by the United States' power, NATO reaffirmed liberty and democracy in a bipolar world.

Eventually, the American principles seeped into the Soviet controlled East. Principles of equality, liberty, and freedom internally shattered the Warsaw Pact. Revolution after revolution brought the American vision of "Government by the People for the People" to nearly every part of the world.

American Principles have erected governments founded on Jefferson's words of "Life, Liberty, and the pursuit of Happiness" The principles installed in the Declaration of Independence have toppled monarchies and oppressive dictatorships. The "self-evident truths" have thwarted fascist, communistic, and socialistic governments. The dream of equality has advanced greatly since the end of the Cold War but the advancement must not stop. America must continue to persue freedom, to safeguard liberty, and to advance the American dream by diplomacy so that every man, woman, and child has: "Certain unalienable Rights that among these are Life, Liberty, and the Pursuit of Happiness." Everyone, everywhere regardless of race, nationality, or economic status must be given the opportunity to experience the same rights that America has enjoyed and cherished since its foundation.

Samuel West is a senior at Bishop Verot. His essay won first place in the Florida Re-Elect America National Bus Tour sponsored by the Center for the America Founding.

OSHA Update: Review Your Office Exposure Control Plans

By Barbara Harty-Golder, M.D., J.D.

After monitoring needlestick injuries for nearly a decade, OSHA has fine-tuned the regulations designed to protect health care workers against bloodborne pathogens. These new rules have made most OSHA compliance plans obsolete – but the required revisions are relatively simple and easy to make.

The new OSHA rules have added new definitions to the rule and reflect the explosion in protective technology that has occurred, particularly in phlebotomy and suturing equipment. And, for the first time, the rule requires participation in plan design and management by those most likely to be affected by it; the non-managerial personnel involved in patient care. Take a few minutes to review your office exposure control plan, and make the following revisions;

1) **Obtain a new copy of the rule (available at www.osha.gov), and keep it with your plan.** The new rule adds alternative medical devices as "engineering controls," and like the original rule, it requires a copy of the regulation be a part of the plan, and available both for employees and for consultants who evaluate needlestick injuries.
2) **Modify your practices and your plan to reflect new technology.** Your annual review of the OSHA compliance plan should reflect that you have evaluated and, when appropriate, implemented new technology designed to prevent needlestick exposure. Remember that implementation of new technology requires additional training of your staff – and the training must be properly documented.
3) **Evaluate alternative devices for "appropriate" use.** Under the rule "appropriate" devices are those that will not compromise patient care and patient safety, and are not contraindicated. Of "appropriate devices," "effective" ones are those that are reasonably likely to reduce exposure incidents from sharps – and are those that the physician employer is probably obligated to use.
4) **Make a good faith effort to evaluate new devices,** such as self-sheathing needles, piggyback IVs, blunt sutures and mylar-wrapped capillary tubes. If you decide to implement new technology, be sure to institute a formal training program to introduce the new technology to your staff. Alternative devices require additional skills. And remember: introducing new technology may create compatibility problems with older equipment.
5) **Designate a "non-managerial" staff member to review your plan, including implementation of new devices, and to make recommendations for changes, updates and training.** The designation of a non-managerial consultant is now a requirement under the rule, and must be a formal part of the exposure control plan. Review of the plan be the designated employee must be done at least annually, and should be documented in writing. If recommendations are made, the employer must respond to them, either by implementing them or by documenting why implementation is neither desirable nor required.
6) **Don't make this process too hard!** You can facilitate input from your employees in a variety of ways: periodic conferences, safety audits, analyzing exposure data and pilot testing, as well as formal paperwork review. Ask your staff for their ideas about how best to make the exposure control plan a viable and useful part of your office management.
7) **Keep a needlestick log.** For the first time, beginning January 1, 2002, employers will be required to keep track of needlestick injuries. The log must reflect the location of the incident, the device involved, and a description of the injury received, and it must also protect employee confidentiality. Needlestick injures can be integrated into other required OSHA logs, as long as the information is easily retrievable.
8) **Remember that some things never change.** The rules still require that you have a plan, review it and implement it through training. Exposure incidents must be evaluated and managed with appropriate medical intervention. Hepatitis vaccination for employees must still be offered. Records must be kept of training, revision, exposure control management and vaccination. And – as with all governmental regulations – documentation is the key to successful compliance.

This publication is intended to provide educational information about medicolegal and risk management subject. It is published with the understanding that it is not intended to provide legal or other professional advice. If legal or other professional advice is needed, the services of a competent professional should be sought.

2001 High School Physicals

On May 22, 2001 the Lee County Medical Society Sports Medicine Committee provided 599 free sports physicals to high school athletes who would otherwise be unable to afford this service. The amount of the exam provided amounts to $150 per student. We would like to thank the following physicians for volunteering their time:

Robert Arnall, M.D.	Irwin Kash, M.D.	Barry Sell, M.D.
Charles Curtis, M.D.	George Markovich, M.D.	Brett Shannon, D.O.
Larry Eisenfeld, M.D.	Vivian Mejias, M.D.	Charles Springer, M.D.
Joseph Hobson, D.O.	James Penuel, M.D.	Alagumalai Swammy, M.D.
Al Jacobs, M.D.	Jeff Richards, M.D.	Dean Traiger, M.D.
Zenaida Javier, M.D.	John Ritrosky, M.D.	

We would also like to thank Amy Swanson, ATC and her team, Lee Memorial Hospital, high school coaches and all the volunteers for making this a success. Good Job!

FMA Doctor of the Day Program

Please join us in thanking Michael Fletcher, M.D. who volunteered his time and expertise to represent you, the Lee County Medical Society physicians, as a Doctor of the Day in the Florida Legislature. We hope YOU will consider volunteering…The Society will appreciate your participation and you will benefit as well.

Session for 2002 starts in January and the information will be sent out in September/October. "Sign up" – it is a great experience!

Managed Care Plans; Pick One, *but Not Any One!*

By Cliff Rapp, Vice President of Risk Management, FPIC

Implementing effective loss prevention measures in their practice of medicine helps physicians avoid unnecessary liability exposure. When participating in managed care, the same approach must be taken. Loss prevention measures should begin with a careful evaluation of the managed care entity before a "Provider Agreement" or contract is signed. Concern should be focused on the plans history with regard to provider payment and should include confirmation of the overall financial soundness of the plan as well as the type of enrollees that it seeks. It is also wise to determine if other physicians affiliated with the plan are supportive of its administrative, incentive, and utilization review aspects. And specifically, plan accessibility.

After an evaluation of the organization itself has been done, physicians should further investigate the plan's payment provisions. Determine if there are provisions that will limit your compensation to the largest amount accepted for the same service by another affiliated provider. Also consider the extent and scope of quality assurance activities and how quality assurance documentation of the plan and provider will be protected from discoverability. Be cautious of ambiguous contractual language and determine how the plan defines medical necessity. The credentialing process and utilization review activities are often overlooked. An inadequate system could leave you exposed to administrative-type liability, which is not covered by most malpractice insurance policies.

An important question to ask is: What constitutes covered services? Carefully review this aspect of the plan! There have been many cases where physicians not completely aware of what services are covered, have been held financially responsible for medical care and treatment that they could not possibly provide within the confines of their medical specialty or practice setting. Alternatively, standard of care issues could arise.

Termination of the contract may not top the evaluation list right now. However, should unexpected changes in your practice or professional association take place, physicians may need to exercise their termination option or agreement. Be careful of any limitations set forth pertaining to plan termination in light of the potential exposure to breach of contract, which could include patient abandonment.

Remain cognizant of the fact that the "Provider Agreement" is a legally binding contract. It is imperative that physicians negotiate their managed care contract correctly in order to promote success of that relationship and avoid unnecessary liability exposure. When necessary, seek guidance from your personal attorney or professional liability carrier.

The above article is provided by FPIC for informational purposes only and is not intended as legal advice. For more information, please contact FPIC's Risk Management department at 800-741-3742, extension 3016.

Another Responsibility for Physicians

By Gordon J. Rafool, M.D.

Many conscientious physicians take a very personal approach to their many responsibilities in the total care of their patients. There is one responsibility that a physician should undertake. That is the responsibility that occurs when a patient dies. It deals with helping the bereaved family members.

It was common practice in the 19th Century in this country for physicians to write a letter of bereavement to the family of the patients upon the death of a patient. This letter was generally well received by the patient's family. Granted, that in the 19th century most patients had the same physician for many years. This should not be a stumbling block in the 21st Century.

As a practicing physician, I have for many years written a bereavement. I have found that most patients appreciate it; and it brings a closure for the family and the physician.

There are many ways to write a bereavement or letter of condolence. I have found that by expressing my sympathy on the death of their loved one is a good way to begin. I try to bring in a personal memory that I have of the patients and something about the patient's relationship in the community and in particular in their family. It is good to avoid medical-legal pitfalls in these letters. I would not write about the patient's specific illness. I would avoid superficial attempts at grief and in concluding a letter; sometimes a few words of support to let the family know that your prayer and thought are with them can be appropriate.

A bereavement letter is yet one more responsibility that a physician should undertake. It serves to bring closure. More importantly, it lets the family know how concerned we, as physicians, are at the death of our patients.

Article published in the March/April 2001 issue of Medical Precis.

Classified ads are only for use by physician members of the LCMS

LAPTOP COMPUTER NEEDED

The medical museum of history is in need of a laptop computer for the purpose of cataloging the items donated to the museum. If you can donate a used one, please contact Ann Wilke at 936-1645 or Dr. Jacob Goldberger at 275-6659 Ext 226. Tax DEDUCTION will be available.

SOLO BOARD CERTIFIED INTERNIST

College Parkway area, desires to merge with 1 or 2 established board certified internist or family practice physicians and form small single specialty group practice; Medicare, selected PPOs, No HMOs, admit to local hospitals call would be 1:4. Call 437-9011 ask for Gail Easterly.

Golf

- In a primitive society, when native tribes beat the ground with clubs and yelled, it was called witchcraft; today, in civilized society, it is called golf.
- Golf is an expensive way of playing marbles.
- Golf is a game in which the slowest people in the world are those in front of you, and the fastest are those behind.
- Golf: A five-mile walk punctuated with disappointments.
- The secret of good golf is to hit the ball hard, straight and not too often.
- There's no game like golf: you go out with three friends, play eighteen holes, and return with three enemies.
- Golf was once a rich man's sport, but now, it has millions of poor players.
- An amateur golfer is one who addresses the ball twice: once before swinging, and once after swinging.
- Many a golfer prefers a golf cart to a caddy because the cart cannot count, criticize nor laugh.

Legal/Medical Golf Tournament

Saturday, June 9th at Lexington Country Club the lawyers and doctors gathered for a morning of fun and fellowship. Although the lawyers won 22-14, the doctors did the very best we could as we were handicapped by only having 11 teams to the lawyers' 18 teams. Raffle prizes were given for many golf rounds at different clubs. Several weekend getaways, as well as beautiful jewelry were auctioned. A great time was had by all.

$5000 was given to Partners in Breast Cancer Care. Thank you to Sandi Brim along with the volunteers from Partners for Breast Cancer Care for the great job of securing raffle prizes; Kathy Wittman and Dinah Leach of the Lee County Bar Association who handled all the details; and Ken Jones, Esquire and Bruce J. Lipschutz, D.O. for this great event.

Next year, Bruce Lipschutz with his helpers, Tom Carrasquillo, Scott Harris and Bill Evans promise a challenge to beat all challenges.

Irwin Kash, M.D., K.K. Yankopolous, M.D.

Thomas Carrasquillo, M.D., H. Scott Harris, M.D.

Howard Barrow, M.D., Kevin Fleishman, M.D.

Partners for Breast Cancer Care: Ken Jones, Esq., Sandi Brimm, Bruce Lipschutz, D.O.

Ken Jones Celebrates

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