

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 26, NO. 5

FORT MYERS, FLORIDA
John W. Snead, M.D., EDITOR

SEPTEMBER 2002

NEXT GENERAL MEETINGS SEPTEMBER 19, 2002

**"MEDICAL MYTHS OF CHRONIC
& END-OF-LIFE CARE"**
Royal Palm Yacht Club
2360 West First Street

Dinner: 6:00 p.m.

Program: Promptly at 7:00

Cost: LCMS Members - \$25

Applicants/Spouses/Retired Members- \$25
Non-Members- \$50 (Includes Dinner)
Reservations Required

Continuing Medical Education Credits:

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

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

NOVEMBER 21, 2002

ELECTION OF 2003 OFFICERS

"ARE YOU READY FOR HIPAA?"

Bruce Rappaport M.D.

Royal Palm Yacht Club

2360 West First Street

6:30 p.m. - Social Time & 7 p.m. - Program

RSVP - LCMS, PO Box 60041, Ft Myers, FL 33906

Tel: 239-936-1645 Fax: 239-936-0533

Inserts

- 1 "MEDICAL MYTHS OF CHRONIC & END-OF-LIFE CARE"
- 2 WOMEN IN MEDICINE
- 3 HIPAA WORKSHOPS - NOVEMBER LCMS MEETING HIPAA SPEAKER

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President's Message

"POWER"

Eliot Hoffman, M.D.



Physicians in Lee County, and indeed nationally, are facing some tough times. Reimbursements repeatedly are cut while practice expenses, especially malpractice insurance rates, soar. Professional demands increase in response to a growing and aging population in need of our services, yet recruitment of quality physicians is problematic for most, and nearly impossible for some specialties. Requirements for emergency services continues to escalate, yet the abysmal remuneration and excessive liability risk force physicians from the emergency room and hospital staff rosters in increasing numbers. The prevailing attitude among doctors is that we, as a profession, are powerless to change this, and therefore must continually accept the "punishment" being dealt us. I believe, however, that this is not the case.

The physicians of Lee County, and throughout the country, have enormous power and resources at our disposal, but we rarely, if ever, choose to use it.

Firstly, we have the hundreds and thousands of patients and staff that we each have contact with in the course of our practices; people who look to us for education and guidance in "all things medicine", and who are reachable with our message(s). Each physician needs to have materials distributed, and discussed when appropriate, to his/her staff and patients regarding the current issues and their deleterious effects on the proper delivery of healthcare:

1. The runaway tort system and the need to support initiatives of reform both at the state and national level.
2. The repeated and planned Medicare fee cuts which will force physicians, at the least, to limit the number of Medicare beneficiaries they allow into the practices, or at the worst, to ultimately drop participation in the Medicare program entirely, and why contacting state and federal legislators is so important.
3. The ailing emergency services network that we presently have in Lee County and the need to support the sales tax initiative on the ballot for November, so that not only will

our local trauma center be salvaged, but that it will also re-establish emergency psychiatric services, improve emergent primary care services, and yes, actually provide for a modicum of reimbursement to the physicians and hospitals currently being inundated by unreimbursed care.

The Lee County Medical Society has been, and will continue to be, distributing materials when available to supply to your offices for placement in your waiting room, restroom, or wherever you feel will provoke the best response.

Secondly, we have the power of our own actions. Are you as a physician, a member of the county, state, and national medical associations? Do you participate? Do you discuss these issues and appropriate solutions with members of social, civic, or religious groups with which you belong?

Finally, we have the power of our own financial resources. Without question, finances are presently not what they once were for the majority of us, but we still have some disposable income - let's invest some for the future of medicine. Join FLAMPAC. Join the 1000 Club. If you haven't already, contribute to Citizens for Tort Reform to fund the state constitutional initiative to place a "cap" on malpractice awards. Give to the Emergency Services Network PAC so that the citizens of Lee County will be properly apprised of what the sales tax initiative in November really means to them, and why it is so important to support. Support with a contribution the political campaigns of "medicine friendly" candidates when asked to do so.

These are just some of the powers physicians possess, above and beyond those of healing, which we must continually exert. My colleague, Dr. Steven West, has appropriately stated, "This is a war!"

We have the power to win!!

Citizens for Tort Reform FMA Goal - \$15 Million

\$451,000		GOAL for Lee County
\$90,000		August 13, 2002
\$66,400		July 12, 2002

CONGRATULATIONS TO STEVEN R. WEST M.D.



Steven West, M.D.
Awarded the Ed Annis
MD Award for Political
Activism

FLAMPAC gave Dr. Steven West the Ed Annis, M.D. Award for Political Activism at the FMA Annual Meeting. This award is presented to those physicians who have made extraordinary contributions of time and talent in assisting friends of medicine in their quest for elected office. Since

Dr. West has dedicated so much of his time over the last two years as Chairman of the FMA Council on Legislation and as the FLAMPAC Vice President, FLAMPAC gave him this deserving award.

New FMA Committee - Coordinating Committee On Tort Reform

H. Frank Farmer Jr., M.D., Ph.D., President of the FMA appointed Dr. Steven West to the Coordinating Committee on Tort Reform, this is a new FMA Committee whose task is to carry out the directives of the Board of Governors and on finding and implementing solutions to liability reform.

As I Recall...

"N.Y. N.Y. 1939"

Roger D. Scott, M.D.

After the last article on NY City I just can't seem to get out of that "New York state of mind" so here's more.

We stayed about a week at "the Official Hotel" - Hotel New Yorker connecting with Penn. RR Station and Worlds Fair Trains by corridor". I remember the Terrace Dining Room was unusual in that it had a small ice rink in the center, and this was the first time I had ever seen ice except for the blocks carried by the iceman (no refrigerator). A wonderful ice show featuring Sonja Heine (the youngest to win an Olympic Gold Medal) was presented.

The 1939-40 Worlds Fair was in Flushing Meadows and was a gigantic fair - the greatest of all world fairs. It was stated that 800,000 people could be accommodated each day and 25 million visitors toured the 1,216-acre site in 1939. The theme of the fair was "Building the World of Tomorrow", as symbolized by the Trylon and Perisphere, (pictured on a 1939 U.S. stamp). The fair was divided into seven zones with 150 exhibits, pavilions, amusements, and attractions (all massive) from every part of the world. Many countries had exhibits, but WWII had begun so Germany's exhibit never opened. Great Britain was preparing for war; I think their exhibit was open but not fully active and later closed due to WWII. Many states had pavilions and Florida had a magnificent one. I would consider it to be Italian Renaissance Architecture with a large bell (carillon) tower imitating the Bok (Singing) Tower near Lake Wales. There was a beach on Lake Liberty, and a live orange grove where visitors were served free orange juice. It was quite a lavish display. Fred P. Cone (from Lake City) was Governor of Florida at that time.

Other memorable exhibits for me were Billy Rose's Aquacade, presented in a massive swimming pool and amphitheatre, starring Esther Williams (previous Olympic Gold Medal winner and also Billy Rose's wife & movie star). Johnny Weissmuller, American who won 5 Olympic Gold Medals & set 67 World Swimming records, and the star of the Tarzan movies of the 1930's, was also featured. There was a Waltzing Waters exhibit that was the forerunner for the smaller Waltzing Waters display in the Cape Coral Rose Gardens years later.

The one place that Daddy would not let me visit was the Sally Rand Show. Sally (a famous fan-dancer) had a very large feather fan in each hand switching back and forth from top to bottom while dancing in the nude without truly exposing her body. Daddy thought that this was too risqué for a 12-year-old boy to see even though I think she wore skintight pink tights instead of bare skin. Wow! How things have changed!

The first television was seen in the RCA building (I think) that showed a rudimentary TV set with the telecast being sent from downtown NY through the air. Another exciting exhibit was that of General Motors called "Future-rama". We rode in cars moving around a model city in the center of a large building. It was like looking down from an airplane at the "City of Tomorrow". There were highways with the overpasses and the multiple complexes as we have today some 63 years later. It was truly the

See AS I RECALL, page 2

LEE COUNTY MEDICAL SOCIETY

BULLETIN

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

PRINTERS

Distinct Impressions 482-6262

LEE COUNTY MEDICAL SOCIETY ALLIANCE NEWS

Ann Shah, PhD, Corresponding Secretary

Lee County Recognized at AMAA Annual Session

The American Medical Association Alliance Annual Session was held June 16-18 at the Drake Hotel in Chicago, IL, marking the 80th anniversary of our national organization.

Several LCMSA&F members were invited to attend as "Presidential Aides" to assist outgoing AMAA President Liz Kagan as she presided over the House of Delegates. LCMSA&F President Cheri O'Mailia, Vice President Karma Marino, and Corresponding Secretary Ann Shah attended the Annual Session, getting an inside view of the proceedings.

ANN SHAH, LIZ KAGAN, CHERI O'MAILIA AND KARMA MARINO

During the session, Florida received 1st place as the state with the greatest increase in AMAA membership — 16.5% for 2002! Our very own Lee County was recognized as one of 15 Florida counties with annual membership increases of over 10%!

LCMSA&F was also one of only 25 Alliances in the country to be awarded a \$1,000 grant from the American Medical Association Foundation *Fund for Better Health*. Our award for outstanding public health education initiative in violence prevention will be used to help fund our SAVE program, entitled "Bullies and Victims: A Proactive Approach to Stopping School Violence."

LCMSA&F Welcome Brunch

Our Fall Welcome Brunch will be held on September 19 at 10:30 am at Brixz Restaurant at the Fort Myers Country Club. This is a fun and relaxing opportunity to introduce the Alliance to the newest members of our medical community. Please call Tami Traiger at 945-5955 if you know of any new physician spouses in town that should be invited.

SAVE: "Bullies and Victims" Workshop

LCMSA&F will host its second annual SAVE: "Bullies and Victims" Workshop September 25-27 at Edison Community College from 9:00 am to 3:00 pm daily. The sessions will be led by SuEllen Fried, A.D.T.R., nationally renowned expert on child abuse and youth violence, and coauthor of the prized book *Bullies and Victims: Helping Your Child Through the Schoolyard Battlefield*. The workshop is free to all Lee County educators. Please call Nancy Barrow at 768-3394 or Barbara Rodriguez at 433-9654 for additional information.

2002 Lee County Medical Society Delegation To
THE FLORIDA MEDICAL ASSOCIATION ANNUAL MEETING

We would like to thank the following physicians who attended the FMA Annual Meeting on your behalf at the Wyndham Palace in Orlando on August 28th – September 1st.

Howard Barrow, M.D.	Eliot Hoffman, M.D.	Julio Rodriguez, M.D.
Peter H. Blitzer, M.D.	F.L. Howington, M.D.	James H. Rubenstein, M.D.
Valerie Crandall, M.D.	Cherrie Morris, M.D.	Alan Siegel, M.D.
Michael Fletcher, M.D.	Richard Murray, M.D.	Dean Traiger, M.D.
James H. Fuller, M.D.	David M. Reardon, M.D.	Steven R. West, M.D.

Lee County submitted (4) four resolutions

CATCH 2002

An In-Depth Report Of Lee County's Health

by Michael Barnaby, Public Information Officer
Lee County Health Department

Recently the Health Department published "CATCH 2002," the third edition of the Comprehensive Assessment for Tracking Community Health (CATCH), which was first completed by the University of South Florida College of Public Health in July 1997. CATCH began at the request of *Health Advocacy 2000*, initiated by Lee Memorial Health System and created in November 1996 as a cooperative endeavor among eight public and private providers. What this group desired was an effective way of providing a uniform measuring instrument for making health services decisions.

Under the direction of Judith Hartner, M.D., M.P.H., Director, and Robert South, Ph.D., M.P.H., PA-C, Epidemiologist, CATCH has been twice updated. The third edition now covers a ten-year period of health trends in Lee County.

Using data drawn from multiple public data sources, 85 indicators are organized into nine categories:

- demographics
- socio-economic characteristics
- maternal and child health
- infectious disease
- social and mental health
- physical environmental health
- disease indicators
- sentinel events (including mumps, measles, rubella and pertussis)
- health resources

Lee County values for each are compared against those of a selected peer group (Polk, Seminole and Volusia) and also against Florida state values. This system is used to derive a priority list of community health concerns, and what emerges is a highly detailed picture of the county's overall health.

At 130 pages, this compilation of facts is an invaluable asset to area physicians, as well as to researchers, grant writers and others - anyone interested in seeing which direction our county's health is taking.

CATCH 2002 is available for viewing or downloading at the health department's website - <http://www.lee-county.com/healthdept>.

A BENEFIT OF MEMBERSHIP...

REFERRALS

To date we have had 1,669 telephone calls from the public since January 2002 requesting referrals and background information. We have been able to provide at least 3 referrals per phone call. We use location as our main criteria for referral and we do this on a rotation basis. If you are no longer accepting patients, please let us know at 239-936-1645; this service is automatic once we have your application in our office.



THE QUESTION MAN

OPINIONS-EDITORIALS
LETTERS TO THE EDITOR

John W. Snead, M.D.

SEPTEMBER'S QUESTION: "SHOULD A PRESCRIPTION DRUG BENEFIT BE ADDED TO MEDICARE?"

Robert Forsythe, M.D.
Internal Medicine

"NO. The general public and medical community should ask congress to pass legislation to make the pricing of prescription meds the same in all of the country. There is no reason meds should be 3 to 10 times more expensive in this county than in others."

SOUND OFF...

A PHYSICIAN'S MANIFESTO

Burton Rubin, M.D.

As a member of the medical profession and Board certified in my specialty since 1958, I feel qualified to comment on the current state of affairs in our country vis-a-vis healthcare administration and the challenge that all physicians face in dealing with an antagonistic public and a socialistic government, both seeking a free ride for health care into the unforeseeable future with minimal cost to both of the aforementioned.

As a profession, we have seen medicolegal costs skyrocketing all the while reimbursements have plummeted. Ask anyone of your colleagues whose practice deals mainly with the elderly for their experience with Medicare reimbursement over the past 10 years! Why has this honorable profession reached such depths of despair? Why are we the prime targets of the rapacious legal profession?

There is a perception in the public eye that all physicians are greedy and impatient. Our constituent societies have done their best to counter this prejudice, but avaricious attorneys easily overcome our efforts with emotional hi-jinks at trial. Some amongst us are greedy and unscrupulous as are our opponents, but they should not tar the entire medical profession. We need to flex our muscles to survive this onslaught. My advice is to unite as a guild and demand reasonable fees, protection from frivolous suits by immediate tort reform from our State government. Lacking these concessions, a general strike should be in order to drive home our message, once and for all. Fee-For-Service had always been the hallmark of our great health care system until greed and ambition reared their ugly heads.

AS I RECALL from page 1

highway and byway of the future.

There were many other futuristic exhibits and many of the things seen at the fair have come to be and been refined so many times that they are now an everyday appearance in our lives. An excellent example was the first computer ever displayed, which was a massive machine that punched out on IBM cards answers to very simple questions like "what is the date", etc.

Needless to say, (then why say it!) the boy of 12 years was forever impressed. This fair made us aware that so many things in our lives were going to profoundly change in future years.

Upon visiting the 1964 Worlds Fair in NY, I drove by the *Hotel New Yorker* and found it to be a derelict hotel in terrible condition. The 1964 Worlds Fair was a sad experience. There has never been, nor probably ever will be, such an exhibition as we saw in 1939.

HAVE YOU MOVED?

HAS YOUR OFFICE
RELOCATED?

Do you have E-Mail?
We need to know! If we can't find you,
who will? Please call the LCMS with
any updates you may have!

Telephone:

239-936-1645

MEMBERSHIP ACTIVITY

Relocated Office

Ronica Kluge, M.D.
24600 S. Tamiami Trail #400
Bonita Springs, FL 34134
239-948-3761 (O) 239-948-3762 (F)

Manuel Del Sol, MD
Internal Medicine
1528 Del Prado Blvd
Cape Coral, FL 33990
239-458-3338 (O) 239-458-0666 (F)

Florida Radiology Consultants
2726 Swamp Cabbage Court
Fort Myers, FL 33901
239-939-3124 (O) 239-939-3034 (F)

Joined Practice

Robert Heiser, M.D. has joined
Karan & O'Mailia
5050 Mason Corbin Court
Fort Myers, FL 33907
239-275-6678 (O) 239-275-1785 (F)

George Markovich, M.D. has joined
Institute for Orthopaedic Surgery & Sports Medicine
8350 Riverwalk Park Blvd. #1
Fort Myers, FL 33919
239-482-5399 (O) 239-482-4353 (F)

Moving out of area

William Wien, M.D.

LCMS STATS

JUNE 11, 2002 - AUGUST 9, 2002		
	Current	YTD
PHONE CALLS RECEIVED	802	4177
From Physicians and Office Staff	205	863
FOR REFERRALS	212	1461
For Background Checks	50	208
Filing Complaints	11	40
Regarding Non-Members	22	119
Regarding Alliance	8	57
Regarding CMS, FMA, and AMA	55	196
Miscellaneous Calls	242	1236
Applications sent to physicians	15	207
Meetings	10	52
Attended on behalf of LCMS	6	32
Society Meetings	4	20
DIRECTORIES DISTRIBUTED	576	618

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.



JOANNA C. CARIO, M.D. - FAMILY PRACTICE

Medical School: University of Florida, Gainesville, FL (1995-99)
Internship: University of Alabama, Huntsville, AL (1999-2000)
Residency: University of Alabama, Huntsville, AL (1999-2000)
Dr. Cario is in group practice with Physicians Primary of SWFL at 1501 Viscaya Parkway, Cape Coral.



STEPHEN LAQUIS, M.D. - OPHTHALMOLOGY

Medical School: New York Medical College, Valhalla, NY (1992-96)
Internship: Yale University, Greenwich Hospital, New Haven, CT (1996-97)
Residency: Yale University, New Haven, CT (1997-2000)
Dr. Laquis is in solo practice at the Institute for Ophthalmic and Facial Plastic Surgery he is located at 26800 Tamiami Trail, Ste 360, Fort Myers.



JOHN NASSIF, M.D. - OPHTHALMOLOGY

Medical School: University of Iowa College of Medicine, Iowa (1980-84)
Internship: Mercy Hospital, San Diego, CA (1984-85)
Residency: George Washington University, Washington, DC (1985-88)
Fellowship: Manhattan Eye, Ear and Throat and New York Eye and Ear, New York (1988-89)
Post Graduate: Flowers Clinic, Honolulu, HI (1999-2000)
Dr. Nassif is in Group Practice with Florida Eye Health at 12731 New Brittany Blvd, Fort Myers.



JOSEPH W. SAM, M.D. - RADIOLOGY

Medical School: Albert Einstein College of Medicine, Bronx, NY (1989-1996)
Internship: Albert Einstein College of Medicine, Bronx, NY (1996-97)
Residency: University of Pennsylvania Medical Center, Philadelphia, PA (1997-01)
Fellowship: University of Pennsylvania, Philadelphia, PA (2001-02)
Board Certification: Dr. Sam is board certified by the American Board of Radiology.
Dr. Sam is in group practice with Radiology Regional Center at 3680 Broadway, Fort Myers.

A LETTER TO THE EDITORS
DIAGNOSIS AND TREATMENT OF SMALLPOX

Dear Managing Editor:


The information excerpted by Mr. Barnaby from JAMA is certainly interesting. I think it is appropriate to consider certain practical issues relating to diagnosis and treatment in addition to that already provided. The perspective of the CDC and Health Department in any case of suspected or documented smallpox is that of the larger picture. Dr. Dustin Hoffman will not swoop down in a helicopter at two o'clock in the morning with his panacea.

I should like to emphasize the appropriateness of an Infectious Disease Consultation in every case of suspected smallpox. 1. Many ID specialists have had practical experience with generalized vaccinia and with eczema vaccinatum. 2. ID specialists have undertaken theoretic study of the disease at basic and clinical levels. 3. ID specialists are familiar with confounding diseases, their diagnoses and treatments. 4. ID specialists are familiar with diagnostic techniques such as biopsies and other samples, their collection and handling. 5. ID specialists are familiar with necessary isolation and public health measures. 6. ID specialists are familiar with possible therapeutics including the administration of cidofovir (and other analogues).

One should not dismiss treatment with cidofovir as being "nephrotoxic". It certainly is, but proper administration allows this to be a standard therapy for cytomegalovirus, although it definitely requires expertise in its use. Every usage for smallpox is as an "investigational new drug", and ID specialists can help organize its appropriate utilization as well as safest administration. Additional considerations such as proper timing and use of vaccine, vaccinia immune globulin and idoxuridine will be benefited by ID consultation.

Governmental agencies take the "big picture". They deal in populations rather than persons, and any telephone consultation is inadequate compared with an eyeball, hands-on evaluation. Provision of urgent patient care is the realm of Clinical Infectious Diseases Specialists. Study for ID boards and ongoing specialty medical education will assure the best application of contemporary science and the maximum patient benefit. Lee County is blessed with highly regarded ID specialists and any patient treatment plan that fails to recognize their expertise and abilities would be deficient, just as it would be to fail to seek advice of an oncologist in the treatment of cancer. Hence, if smallpox is considered, wake up your local ID person. You will get better advice and faster service than calling Atlanta. You can bet your bottom dollar that the ID consultant will call Georgia for you, and that the information exchange will be enhanced. You will sleep better that night & be fresh for the next morning's TV interviews with "reporters" of excellent hair and soothing vocalizations.

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Call Liza Battaglia, MBA
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PROFESSIONAL BENEFITS, INC.

1-800-741-5170
(941) 957-1310
Cell: (941) 320-0304
Fax: (941) 366-5170

Sincerely,
Kenneth L. Sanders, MD, CIC, FACP
ABIM, ABID, (D)ABDA, MASHEIC, MACS, MAA

Editor's Note: Contact the Health Department if you suspect smallpox. Important phone numbers are:

Lee County Health Department: 332-9501
Lee County Emergency Medical Service: 477-3600
FBI (Tampa): 813-273-4566
Epidemiology and Communicable Disease Control Service: 332-9657
Hazardous Material Unit (HAZMAT): 336-3424
Department of Environmental Protection: 332-6975
Lee County EOC: 477-3600
Sheriff's Office: 477-1200
Lee Memorial Trauma Center: 334-5329

Workers' Compensation Insurance Program
REDUCE MEMBER'S OFFICE BUSINESS EXPENSES!

That is the premise behind the Lee County Medical Society's endorsement of a workers' compensation insurance program underwritten by Comp Options Insurance Company, a wholly owned subsidiary of BCBS of Florida, and marketed exclusively by Professional Benefits, Inc.

The Lee County Medical Society is the 13th county society to make this program available to its members. The program is offered to members of the LCMS as yet another benefit of membership. This type of program has already saved members of another Medical Society 50.9% over 3 years on the cost of state mandated insurance coverage.

In and of itself, participation in the program is a smart business decision. It is likely that most LCMS members do not know the following information about their workers' compensation insurance requirements:

- Coverage is mandated by the State of Florida. For practices with 3 or more full or part time employees, the physician/owner is required to purchase a policy. For practices with less than 3 employees, a policy is optional.
- However, the financial responsibilities are not optional. Failure to purchase a policy leaves the practice responsible for all mandated coverage.
- Mandated coverage includes unlimited medical expenses generated by a workplace injury or illness AND salary continuation up to forever at 66.6% of current compensation.
- Unlike, other insurance, very little customization is allowed. There are few options with regard to limits, deductibles, covered perils, etc.
- Rates are set by the State of Florida Department of Insurance. Your rate is the same regardless of which insurance company you choose or what type of practice you have.
- Rates are applied to annual, projected payroll for your practice. Currently (2002) the rate is .95, up 7 cents from 2001. Hence the only variable between practices is the employee compensation paid within the practice. Example: \$200,000 in annual payroll X .88 = \$1,900 annual premium plus a \$200 state mandated fee for a total of \$2,100.
- Most physicians opt to exclude themselves from coverage under the mistaken belief that their disability income policy is enough protection. However, the cost of long term medical treatment (even with the generosity of one's peers) is not covered under the disability income policy hence will be taken from your personal financial resources.
- Policies over \$5,000 annually have some other modifying factors that may apply to the benefit or detriment of the practice.

Therefore, for the vast majority of LCMS members the price remains the same regardless of where you purchase the policy.

The distinguishing point of the LCMS Workers' Compensation Insurance Program is that for the 1st time, you will have access to a dividend (or profit-sharing) mechanism that can provide up to 24.8% return of premium. That size return could offset your LCMS annual dues, purchase a new fax machine for your office, or host quite a party for your safety conscious employees.

Integral to the success of the program and the calculation of the dividend is the amount of losses generated by all participating practices compared to the amount of premium paid by all participating practices. The program is a true "group" dividend. All participating members share in the benefit of dividends generated by the group as a whole. The more participation, the better the opportunity for dividend. The members of one county society are likely to receive over \$62,000 in dividends this year. (2002)

A poor profit record or no profit at all, does NOT create any assessments or charge backs for participating members. For most practices, the worse thing that can happen is that you will have paid exactly the same dollars for your coverage that you would have paid if your policy remained with your current agent and current insurance company.

This is a no loose proposition.

Comp Options is rated "A-" by A.M. Best. Comp Options has declared dividends at a 100% rate every year for 5 consecutive years. Claims offices of Comp Options are located in Sarasota, Tampa, Orlando, Miami and Jacksonville.

In order to control access to this valuable LCMS membership benefit, it is necessary to restrict the marketing of the program to a single insurance agent. This agent will ensure that only members of LCMS are offered this benefit and will report to the Society quarterly on the achievement of participation targets and profit. The LCMS group must meet negotiated size targets as well as profit objectives in order for the program to be statistically viable.

You will want to investigate the expiration date of your policy to allow sufficient time for processing (normally 45 to 60 days) so that your practice will be entitled to any dividends that are declared. It is estimated that over 40% of the workers' compensation policies in Florida renew on January 1st. Yours could be different.

Over the next few months, Liza Battaglia or Jim Tollerton, the representatives of Professional Benefits, Inc will contact you and your office manager to secure basic information to generate a quotation and projection of savings. Please welcome them to your office when they call for an appointment. You may also wish to instruct your office managers to accept their calls. You can reach Liza or Jim at 800-741-5170 if you have any questions.

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Investment Counseling
Mediation
Medical Practice & Business Mergers
Pension & Profit Sharing Plan Services

8211 College Parkway
Fort Myers, Florida 33919

482-5522



We survived the medical malpractice crisis of 1975, 1985, and we will survive the crisis of 2002

Will Your Carrier Be Immune to the Challenge?



FPIC

The Ultimate Survivor

FPIC is endorsed by the Lee County Medical Society

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YES, YOU SHOULD JOIN THE AMA*(A message from your director, Ann Wilke)*

Each time I think of medical society membership it troubles me to realize that such a small percentage of LCMS members belong to the AMA. It troubles me because this means that the many who do not support their national organization benefit in so many ways from the support given by a few of their colleagues. And, it bothers me because with your support the AMA could do so much more for you than it can now.

During a recent national meeting of county medical society CEOs, Dr. Donald J. Palmisano, a general and vascular surgeon in Louisiana, and the current president-elect of the AMA, met with us and discussed several topics of interest. One, of course, was membership.

Our members often tell me they don't join (or re-join) the AMA or their county and state society because they do not agree with what has been or is being done on a specific issue. Doctor Palmisano shared what I think is the best reasoning I have heard when colleagues tell him this. He says something like this:

Dr. Palmisano: "Are you an American Citizen?"

Disgruntled Dr.: "Yes."

DP: "Are you always happy with the actions of our US Congress?"

DD: "Certainly not! There was this time that (so and so did thus and such)....."

DP: "Then why don't you quit?"

DD: "Quit?"

DP: "Why don't you quit being an American, give up your citizenship and go live in a country who does not advocate for (that particular issue)."

DD: "Why would I want to give up my American citizenship because Congress does some things that I disagree with?"

DP: "Isn't that what you are doing with the AMA? Because you don't agree with (whatever issue), you want to give up your membership? Regardless of all of the

things that the AMA does to support our profession and benefit you, you want to quit because you don't agree with their action on every single issue?"

Dr. Palmisano went on to explain that this conversation does not magically change someone's mind, and of course we have to work hard to deserve your support and commitment. I can give you a host of reasons why I think we have earned your trust and support on the local, state and national levels. Just ask me (and then settle in for a long discussion!)

Managing Editor's Note:

We are proud of the high percentage of membership we have in Lee County and I personally thank you for your confidence. But, if you are not a national member, I hope you will rethink your decision.

We will make it very simple for you to join your county, state and national societies. Just give us a call at 239-936-1645.

IRS GUIDANCE MAKES MEDICAL SAVINGS ACCOUNT-STYLE PLANS A BETTER OPTION

The Internal Revenue Service recently issued a guidance that makes it easier for employers to offer their workers new consumer-driven health plans resembling Medical Savings Accounts (MSAs). The AMA has long supported MSAs because they offer patients more choice and greater control of their health care coverage, while introducing incentives for cost-conscious use of health services. Like Medical Savings Accounts (MSAs), the new consumer-directed coverage options include both personal savings accounts to be used for qualified medical expenses and high-deductible insurance coverage. Such arrangements allow individuals to determine the value of health care by spending their own resources rather than what they perceive as someone else's money when they have traditional pre-paid coverage. They encourage patient access to a wider range of services, such as preventive services, long-term care, prescription drugs, optical services, infertility treatment and other benefits often not covered by conventional plans. Most important, MSAs and consumer-directed coverage allow the individual, not a third party, to choose their physician, plan, treatment and range of services that best meet his or her needs.

The recent IRS guidance gives the go-ahead to employers of any size to adopt consumer-directed health plans as part of their benefit packages. The ruling permits employees to roll over from year to year unused balances from the employer-funded accounts, rather than subjecting balances to a "use or lose it" rule. Employers may also allow former employees, including retirees, continued access to their accounts. The long-awaited ruling clearly signals movement toward a model where patients have greater control over their own health care decisions and is expected to stimulate additional growth of consumer-driven healthcare plans. To learn more about the AMA's policy on MSAs and health insurance reform, visit <http://www.ama-assn.org/go/insurance-reform>

AMA NEWS:**HHS secretary speaks to specialty society leaders**

Health and Human Services Secretary Tommy Thompson received a standing ovation after emphasizing his support for modernizing Medicare, regulatory relief for physicians and medical liability reform to 130 leaders of organized medicine that gathered last week for the AMA Presidents' Forum.

In his address, Thompson vowed that the business-friendly Bush administration would strongly support tort-reform laws to cap non-economic damages in medical-malpractice lawsuits. The July 19 issue of Modern Healthcare reported, "Thompson suggested that perhaps one answer to multimillion-dollar jury awards might be a national 'patients' compensation fund.' Such a fund, similar to a workers' compensation fund, would freeze out trial lawyers somewhat . . . now, that'll make a lot of news." After his remarks, Thompson answered questions from the specialty society leaders on a variety of topics, including preventive medicine, bioterrorism preparedness and mental health parity. Thompson was the keynote speaker for the meeting, which prepares specialty society presidents, presidents-elect and CEOs to critically address the challenging issues facing their organizations today. Read Secretary Thompson's speech at <http://www.ama-assn.org/ama/pub/article/1751-6486.html>

AMA raises concerns over costs of Clinical Skills Assessment Exam

A recent article in the Philadelphia Inquirer "Making the grade bedside-A test for doctors is getting a trial run in Philadelphia" discusses the validity of the Clinical Skills Assessment Exam (CSAE). The exam - which would be required of all medical students for licensure - measures their ability to gather information, perform physical examinations and effectively communicate with patients.

However, the AMA and the American Association of Medical Colleges have raised concerns about the proposal. Students would have to pay \$950 to take the test, as well as provide their own transportation to and accommodations at one of the five to seven facilities nationwide that would administer the test. This is an unfair burden to place on medical students who already suffer from an ever-increasing debt load that now exceeds \$100,000 on average. The national board "expects 1 to 2 percent to fail the exam," Parag Parekh, a fourth-year medical student and AMA member, told the Inquirer. "If these are the same students that the current school-based programs already screen out, then we've wasted our time. How can you ask students already saddled with \$100,000 of debt to spend [money] on something without knowing if it is better than the current system?" Read more about AMA action on this issue at <http://www.ama-assn.org/ama/pub/category/7571.html>

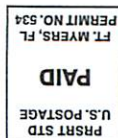
Utah Medical Association study finds obstetricians discontinuing their practices

Nearly one-third of all family practitioners who currently deliver babies in Utah plan to soon discontinue providing obstetrical services, mostly due to concerns over medical liability costs. The same concerns are also driving many obstetricians to restrict their practices to gynecological services. According to a study by the Utah Medical Association (UMA), already 50.5% of family practitioners in Utah have given up obstetrical services or never practiced obstetrics. Of the remaining 49.5% who still deliver babies, 32.7% say they plan to stop providing OB services within the next decade. Most plan to stop within the next 3 to 5 years.

Professional liability concerns are the chief contributing factor in the decision to discontinue obstetrical services. Such concerns include the cost of liability insurance premiums, the hassles and costs involved in defending against obstetrical lawsuits and a general fear of being sued in today's litigious environment. "It has become clear that even here in Utah, where we have adopted some of the most effective tort reforms in the country, medical liability is still a major concern," said UMA President James R. Fowler, MD. To combat the prospect of physicians fleeing obstetrics, UMA is exploring the feasibility of strengthening Utah's current tort reform package as well as studying alternatives to the courts for medical liability disputes.

June 2002 Council on Medical Service reports now available online

Full text Council on Medical Service reports from the June 2002 Annual Meeting are now available on the AMA Web site. The Council develops reports for consideration by the AMA House of Delegates on the socioeconomic factors that affect the practice of medicine. Recent reports include such topics as the rise in professional liability insurance premiums, advocating health insurance tax credits, and a Medicare pharmaceutical benefit. Download these reports at <http://www.ama-assn.org/ama/pub/category/8210.html>



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