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and Alliance*

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Our Annual Holiday Party

Monday, December 6, 2004
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Inserts

- 1 JANUARY MEETING NOTICE
- 2 FLAMPAC ENDORSED CANDIDATES
- 3 2005 FMA LEGISLATIVE AGENDA
- 4 A LETTER FROM FMA PRESIDENT

**THE MUSEUM OF MEDICAL
HISTORY TOURING EXHIBIT**

We would like to thank IronStone Bank for hosting a reception to honor The David M. Bernstein Museum of Medical History Touring Exhibit. The reception was held Friday, November 12, 2004. The touring exhibit is currently at IronStone Bank at 13525 Bell Tower Drive, Fort Myers, FL. The exhibit will be there until the end of December before moving to their Bass Rd. location and is open to the public. Please stop by.

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President's Message

WHAT IS THE MEANING OF ALL THIS?

Douglas Stevens, M.D.



I hoped that I would be able to give you a well thought out synopsis of the meaning of amendments 7 and 8 to our profession. Instead, I can only give you the current status of confusion that exists regarding their impact. To write this article I have consulted with FMA attorney John Knight, listened to Mr. Jim Nathan and the attorney for Lee Memorial Hospital, consulted a local healthcare attorney and followed the emails and faxes from the Florida Medical Association.

First, no one really knows what these amendments mean since they are worded broadly and imprecisely. It appears to most that the amendments are not self-executing and that there will be a need for legislation in order for them to be implemented. Injunctions are now in place regarding both amendments. Some knowledgeable in the legislative process feel that any legislation is likely to be locked in committee or that the Governor will refuse to sign such legislation. I think that it will be politically very difficult for any politician to ignore an 80-20 vote ("mandate") of the people especially with a power group like the trial lawyers behind it.

I have copied the letter I received from the FMA attorney, John Knight.

"Implications of Amendment 7 on Physicians Participating In Peer Review Activities"

"The FMA has received numerous inquiries from physicians who are concerned regarding the possible implications and ramifications of Amendment 7 on physicians participating in peer review activities in hospitals. Amendment 7 is entitled "Patient's Right to Know About Adverse Medical Incidents." The FMA strongly believes that Amendment 7 is not self-executing and that it will require legislative implementation before it can become effective. If and when the Legislature adopts legislation to implement Amendment 7, it is highly likely that it will apply retroactively to November 3, 2004.

"Before we can examine the implications and ramifications of the amendment on peer review, we need to clarify the scope of the amendment. The intent of Amendment 7 can be easily gleaned from the "Statement and Purpose" accompanying the amendment. According to the "Statement and Purpose," the purpose of the amendment:

"... is to create a constitutional right for a patient or potential patient to know and have access to records of a health care facility's or provider's adverse medical incidents, including medical malpractice and other acts which have caused or have the potential to cause injury or death."

"While this statement may seem to be very straightforward, there are two issues that must be clarified. First, the term "patient" is defined to include anyone who has ever been, or ever could be, a patient of a hospital or a physician. So, Amendment 7 gives everyone the right to access the information contemplated by the amendment. Second, the phrase "adverse medical incident" is not defined as narrowly as that phrase has been traditionally defined in the statutes. Instead, it is defined to mean: medical negligence, intentional misconduct, and any other act, neglect, or default of a health care facility or health care provider that caused or could have caused injury to or death of a patient...

"In other words, the amendment applies to any act that caused or could have caused bodily injury or death to any patient; not just the patient requesting the information.

"The amendment strips most peer review records of the confidentiality previously provided by Florida law. Anyone now has the right to request copies of any document made or received by a peer review committee if that document relates to any act that caused or could have caused bodily injury or death to any patient. What someone can do with the information they have obtained pursuant to Amendment 7 is somewhat in doubt. Both federal and Florida law currently provide immunity from liability in damages for any act or proceeding performed by a physician participating in peer review activities as long as the physician acts without intentional fraud. Florida law also prohibits introduction of these documents into evidence in such an action. It appears, therefore, that a patient could not use the documents they have obtained to sue a physician for damages for any act or statement made by the physician in the peer review process, as long as the physician did not act with intentional fraud. At the same time, however, once the patient has obtained the information, he or she may be able to obtain the same information from another source. The information obtained from the other source could potentially be used to sue the physician for damages, including actions for libel, slander, or interference with a business relationship.

"In summary, while it is fairly clear who may obtain information under Amendment 7 and what type of information may be obtained, it is very unclear as to how that information can be used and whether a physician participating in peer review can be found liable for damages for acts discovered as a result of information obtained by the patient. It is also somewhat unclear how far back the amendment will apply assuming it is implemented by the Legislature. While the FMA strongly believes it will be retroactive only to November 3, 2004, there is a risk that it could be held to apply to peer review proceedings occurring prior to November 3, 2004. These questions will not be answered until the Legislature and/or the courts finally address these issues. Until that time, physicians should be aware of the risks inherent in participating in peer review activities, and, if they have any questions concerning their own potential exposure to liability, they should seek legal advice from a private attorney.

"This article is presented for educational purposes only and should not be taken as a substitute for legal advice, which should be obtained from personal legal counsel. Nevertheless, the FMA hopes that the information provided here will assist physicians in answering many of their legal questions concerning Amendment 7 allowing them to treat patients, instead of addressing legal concerns."

As you can see, there are some conflicting laws involved here. On one hand there are laws that protect your input when performing peer review functions but whether these supercede this amendment with its "mandate" from the people will likely be decided in the courts or in the legislature.

cont. on page 2

As I Recall...

Roger D. Scott, M.D.

CAMELS FOR CHRISTMAS

The December 2003 article "Holly" was about an animal (pony) rather than a plant, and this December's Camels are not animals but rather plants. These Camels were the brand of cigarettes of tobacco manufactured by the R.J. Reynolds Tobacco Company, and here's an explanation of how they may be proclaimed Christmas Camels.

In the late 1950s and in the 60s, the Reynolds Company sent in December a free carton of Camel cigarettes to each physician registered in the United States, and then advertised in all of the major magazines, newspapers, and radio that more doctors smoked Camels than any other cigarette. This was really a brilliant idea and most true for the month of December. The slogan for Camels was "I'd walk a mile for a Camel." Packages of Camels had a drawing of a camel with a pyramid and palm tree in the background on the desert. The inquisitive reader may wonder whether it was a one or two hump camel so I will dispel your anxiety and reveal that it was a one hump.

Most physicians smoked, and frequently I would have a patient and family come into my consultation office to sit-down and join me in smoking a cigarette while we discussed the case. The Museum has an open pack of Raleigh Long Filter cigarettes (Brown and Williamson Tobacco Company) that was uncovered in one of the Brungard donated boxes to the museum.

Following the Camel tactics, many of the other tobacco companies began sending sample cartons or packs to the physicians. I believe it a safe estimate that 75 to 80% of adult Americans (including physicians) were smokers before they were informed about the significant "Hazard To Your Health" that would be later placed on all packs of cigarettes. There were no non-smoking areas anywhere as far as I can remember other than in churches and courts, and it was rare to find someone you couldn't "bum" a cigarette from if you ran out. "Buddy, can you spare a weed?" (Weed referring to a tobacco cigarette rather than the marijuana cigarette of today) Smoking and tobacco played an important part of our social and economic history for many years (see AIR Smoke Gets In Your Eyes 197 / Bacca 9/99).

The practice of medicine in those years was decidedly different as was the custom of many companies rendering Christmas gifts to physicians. In Fort Myers, we always got nice Christmas gifts from Engelhard Funeral Home and rival Harvey Funeral Home as well as Lee Memorial Hospital (only hospital in town), pharmacists, other physicians, and patients. Some of the gifts were quite expensive and others run of the mill, such as cigarettes and candy.

I was first exposed to gifts to the medical profession as a junior medical student when my first son was born (1949). Daddy was friends with the owner of an orange juice company that produced BIB for infants and children, consequently we receive a free case of BIB juice the first of each month for my first three children. In addition I found that companies that made baby formula, vitamins, pureed and chopped baby foods would send an adequate free supply for all five of my children! How well remembered are the names of Similac formula, Beechnut, and Gerber baby foods. It was a true blessing to have these courtesies during my training when money was so scarce.

Continued on Page 2

LEE COUNTY MEDICAL SOCIETY
BULLETIN

P.O. Box 60041
Fort Myers, Florida 33906-0041
Phone: (239) 936-1645
Fax: (239) 936-0533
E-Mail: awilke@lcmssfl.org
Website: www.lee-county-medical-society.org
FMA: www.fmaonline.org
AMA: www.ama-assn.org

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MEMBERSHIP ACTIVITY

Moved From Area

Abdul Aziz, M.D.
David L. West, M.D.
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Ganesh Shenoy, M.D.

New Location

Julio Rodriguez, M.D.
4881 Palm Beach Blvd, Ste 100
Fort Myers, FL 33905
Tel: (239) 693-9191
Fax: (239) 693-7369

As I Recall Cont. from page 1

Unfortunately, disposable diapers did not appear until my two youngest children, but we did not get those free.

My first three children were delivered free of any hospital bills as I was in medical school and then on the house staff of the hospital and had no insurance or money. The last two children were born here in Fort Myers at Lee Memorial, we had Blue Cross and Blue Shield, and Lee Memorial, as a courtesy, deleted the excess hospital bill. In those days, physicians never charged other physicians, as courtesy to the profession. What a difference when compared to today's policies!

It was always an honor to have a pathologist or mortician come to me for surgery as I felt they saw the results of many of the surgeons' work!

May this be a blessed Christmas for each of you regardless of your religious beliefs. We've had some bleak times over the past few years, and I do so hope that the entire world will have a good 2005. Can you believe it's 2005 coming up?

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LEE COUNTY MEDICAL SOCIETY ALLIANCE NEWS

Ann Shah, PhD, and Karma Marino, PhD, Co-Presidents

Amendment 3 Passes!!

Congratulations! Amendment 3 passed with over 60% of the vote! Please join us in thanking our Alliance Legislative Team Leaders, Jodi Johnson, Betty Rubenstein and Nancy Burton, and all the people who volunteered to collect petition signatures, donated to the media campaign, spread the word on Amendment 3 and held signs on election day. By capping outrageous attorney fees, patients will now get their fair share of medical liability awards.

"Stride Right" Update

"Stride Right" is now in full swing! Diplomat Elementary School in Cape Coral kicked-off its second annual "Stride Right" program on October 29! Mr. Deke, a motivating children's fitness instructor, led the school in a low-impact fun-filled workout to get the students excited about healthy lifestyles. The program will run there until December 10. We break for the holidays, then "Stride Right" will be introduced to the students at Villas Elementary School in Fort Myers in January 2005.



In addition, Karma Marino made a very informative and motivating hour-long presentation to Lee County Food Service Managers at one of their in-services at Dunbar Middle School on October 15. The program was well received and generated wide interest. We will be following-up with many of these staff about making this a long-term self-sustaining program throughout the county. Our hope is that Food Service Managers can be trained to coordinate the program each year in their schools with the assistance of PE teachers and school nurses.

We also attended the School Health Advisory Committee meeting on November 4, where we gave a brief presentation on "Stride Right". They were very impressed with our progress to date, and pledged their support regarding our future endeavors.

With so much going on, we need your help securing sources of health snack donations. So far, the Fort Myers Coca-Cola Bottling Company, Publix Super Markets Charities, Wolfer Produce Company, Velda Farms, Frito-Lay and Sweetbay Supermarket are sponsoring "Stride Right". Let us know of any companies who you think would be willing to donate food or money to the project. We also welcome any ideas for how to make "Stride Right" a sustainable program for the benefit of all Lee County students. Please contact Karma Marino at 561-7186 or kjarma@comcast.net, or Ann Shah at 482-7854 or Ann_Shah@alumni.brown.edu.

Presidents Message continued from page 1.....

Lee Memorial has aggressively pursued physicians to continue their current functions in the peer review process. Their attorney states that many conflicts between this amendment and current state and federal law are apparent. Lee Memorial's legal team feels that release of records of these sorts would be in violation of HIPAA even if patient names are deleted. They state that they will provide legal counsel for anyone who requires it as a result of peer review work done on behalf of Lee Memorial. Furthermore, they will refuse to release any records until the issue is resolved by the courts or the legislature. Of course, if it is resolved in the Amendment's favor then this becomes a moot point since Lee Memorial would be required to turn over these records. It is likely that any such decision would be retroactive to November 3, 2004.

I understand how important peer review is to Joint Commission accreditation. It is reasonable to wonder how much this impacts the staff legal opinion at Lee.

In order to get an opinion that is perhaps less biased than that of Lee Memorial and the FMA a member of our society discussed this issue with a local attorney with healthcare expertise. In his opinion there were three concerns with regards to physician involvement in peer review:

1. Concern that there might be physician to physician libel suits for negative statements regarding behavior or handling of a medical situation if this review were to be used against the offending physician.
2. If a reviewing board of physicians decided to discipline a physician and then that physician went on to have a bad outcome the review board itself might be sued as doing too little to prevent future mishaps
3. The attorney felt that this one was a stretch but not unimaginable - that someone that reviewed and "blessed" a physician who then went on to a malpractice case might also be named in the malpractice case as a co-defendant even though they had never seen the patient.

When I relayed these concerns to John Knight he agreed with all of the above and added that, in addition it is possible that following the peer review of a medical incident the names of all the people involved in the review might be in the newspaper the next day.

What do you want to do with this information? Do we allow the amendment to end the very best way of monitoring and improving our own performance? On the other hand, do we really need yet another risk added to those we take every day just to practice medicine in this state?

I'll be interested in hearing your comments. Please email me at stevensdot@aol.com or call my office or home. Good luck in your decision.

My year as President ends in December. It has been a great year - a year in which we have finally been heard. We should be proud of our achievement - in amendment 3 we took on a big, powerful foe and we won! Against the odds, we won! Now the really interesting part begins - to see how it all plays out. The experience of working with all of you and our wonderful LCMS staff has been very rewarding. I look forward to embarking on new endeavors with our new found energy and vigor.

LEE COUNTY MEDICAL SOCIETY
ELECTS NEW OFFICERS AND
COMMITTEES AT NOVEMBER 18, 2004
ANNUAL MEETING

The Lee County Medical Society General Membership met for their Annual Meeting on Thursday, November 18, 2004 at the Royal Palm Yacht Club.

The following physicians were elected to the Board of Governors on November 18, 2004:

PRESIDENT - Richard Murray, M.D.
PRESIDENT ELECT - Julio L. Rodriguez, M.D.
SECRETARY - Dean Traiger, M.D.
TREASURER - M. Erick Burton, M.D.
PAST PRESIDENT - Douglas Stevens, M.D.

MEMBERS-AT-LARGE -

E. Trevor Elmquist, D.O. (2005)
Raymond Kordonowy, M.D. (2005)
Larry Hobbs, M.D. (2005)
Cherrie Morris, M.D. (2006)
Craig R. Sweet, M.D. (2006)
Stuart Bobman, M.D. (2007)
Howard Barrow, M.D. (2007)
Kenneth M. Towe, M.D. (2007)

The following physicians were elected to the Committees on November 18, 2004:

GRIEVANCE COMMITTEE CHAIR -
R. Thad Goodwin, M.D.

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS -

William F. O'Brien, M.D., Chair
Michael Kim, M.D. (2005)
Chaim Margolin, M.D. (2005)
P. Jeff Richards, M.D. (2005)
John Green, M.D. (2005)
Susanna Beshai, M.D. (2006)
David Gutstein, M.D. (2007)
Lowell Hart, M.D. (2007)
Jeremy Schwartz, M.D. (2007)

The following physicians were elected on November 18, 2004 and they will be attending as Delegates to the FMA in 2005:

FMA DELEGATES

Howard Barrow, M.D.
Stuart Bobman, M.D.
Michael Fletcher, M.D.
James Fuller, M.D.
Ralph Gregg, M.D.
Larry Hobbs, M.D.
Cherrie Morris, M.D.
Richard Murray, M.D.
Julio L. Rodriguez, M.D.
James H. Rubenstein, M.D.
Alan D. Siegel, M.D.
Douglas Stevens, M.D.
Dean Traiger, M.D.
Steven R. West, M.D.

ALTERNATES:

M. Erick Burton, M.D.
Valerie Crandall, M.D.
F. L. Howington, M.D.
Kurt Markgraf, M.D.
Craig Sweet, M.D.
Kenneth Towe, M.D.

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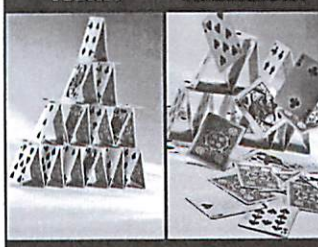
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THE SKINNY ON NON COMPETES

Jeffrey Cohen, Esq.

Are noncompetition covenants enforceable in Florida with respect to doctors? YES. Many people think doctors cannot be restricted from practicing medicine under any circumstances. That is just not true.

Getting to the bone of the issue, noncompetes are enforceable in Florida if:

1. The geographic zone in the noncompete is reasonable. This depends on where the practice draws its patients. If patients come to the practice from just down the street, a ten mile radius is probably overbroad;
2. The duration is two years or less (though it can be longer in some circumstances);
3. The employer has complied with all of the terms of the employment agreement. If the employer has breached the contract that contains the noncompete, most courts will reject a claim to enforce it;
4. The employer does the type of thing that the departing employee does. If the employee is the only person performing toe surgery for instance, and the practice will not provide toe surgery services once the employee leaves, the practice probably does not have a legitimate business interest to protect by enforcing the noncompete; and
5. Stopping the ex employee from practicing in the geographic zone does not create a healthcare crisis or shortage. This is tough. Very few practice areas are in such dire straits that the departure of one doctor will adversely effect the provision of such services in the area.

Here's an example: a neurosurgeon wants to leave his employer. The noncompete applied to a ten-mile zone for two years. The departed neurosurgeon wants to practice medicine within the ten-mile zone. To determine if the noncompete is enforceable, you must ask how big of an area does the neurosurgery practice get its patients. If it is ten miles or more, the geographic zone will probably be viewed as being reasonably necessary to protect the practice's legitimate business interests. If the employer has complied with the terms of the employment contract and if there are other neurosurgeons in the community, most courts will enforce the noncompete.

The foregoing being said, here are the top two mistakes that doctors (employers and employees) make with respect to noncompetes:

Mistake #1 - Racing to litigation

Going to court is a crashout. Once litigation begins, it takes on a life of its own and costs can be nuts, sometimes in the hundreds of thousands of dollars. You may think it's a simple noncompete case. There rarely is such a thing. And if you sue someone on a non compete breach, they may turn around and sue you in the same lawsuit for something. And...insurance does not cover any such claims. That means you are paying out of pocket for a lawsuit, the certainty of which can never be guaranteed and which will seem endless once you run out of patience or money for the process.

If you are an employer, ask yourself the following two questions before commencing litigation:

1. Does it make good economic sense to enforce the noncompete?
2. Is there a way to work out a deal with the employee, short of litigation?

In some situations, it makes no business sense to pursue a noncompete. For instance, if the employee has been employed for several months and if the patients are all referred by the employer, then the employee may not be a competitive threat to the employer. The employer will find a replacement doctor at some point and refer the business to the new doctor. Case closed.

It is also possible to work out settlements before going to court. For instance, you might avoid litigation by lowering the geographic zone, the duration. You might also negotiate a buy out of the noncompete.

If you are an employee who wants out of the noncompete, sit down with the employer and see if you can agree on a way out, so that both of you can have peace and move on.

Mistake #2 - Doing it Yourself

Noncompetes are governed by state law. There are both statutes and cases that inform lawyers about what types of noncompetes are enforceable and which are not. Do not work off of an old contract to create a new noncompete, since the laws (and the cases that construe them) change often. Do not use a friend's noncompete, since you will not be able to tell if it will be enforceable at this time or under the circumstances that apply to you. The enforceability of noncompetes is extremely fact specific. Since noncompetes are strictly construed by courts, drafting them requires a trained eye.

Here's an example: an employee was employer in a year-to-year contract, which expired at the end of 12 months. The contract contained a noncompete, which said in part that it applied upon the "termination" of the contract. Since, however, the contract was not terminated (it expired), the noncompete was not enforceable.

If you are an employee, do not accept comments like "Well, they're unenforceable anyway, so go ahead and sign the contract." Also, make sure the noncompete is reviewed by Florida counsel with expertise in such matters. Do not use an immigration lawyer. Do not use a lawyer in Illinois. Florida law is unique (weird even).

Use a lawyer with expertise in such matters to help you in drafting an appropriate noncompete.

Mr. Cohen is a partner with the Delray Beach/Ft. Lauderdale law firm of STRAWN, MONAGHAN & COHEN, P.A. He is Board Certified by the Florida Bar as a Specialist in Health Law. He may be reached at (561) 278-9400.

NEW MEMBER APPLICANTS
Application for Membership

LINDY M. BOOK, M.D. - DIAGNOSTIC RADIOLOGY

Medical School: University of Arkansas, Little Rock, AR (1969-73)
Internship: Mercy Hospital, Denver, CO (1973-74)
Residency: University of Colorado Affiliated Hospitals, Denver, CO (1974-77)
Board Certification: American Board of Radiology
Dr. Book is with Radiology Regional Center at 3680 Broadway, Fort Myers, FL 33901



AUDREY FARAHMAND, M.D. - PLASTIC SURGERY

Medical School: Indiana University, Indianapolis, IN (1993-97)
Internship: Cabrini Medical Center, New York, NY (1997-98)
Residency: Cabrini Medical Center, New York, NY (1998-2002)
Fellowship: Mayo Clinic, Rochester, MN (2002-04)
Dr. Farahmand is with Mazza Plastic Surgery at 12640 Creekside Ln, Ft. Myers, FL 33919



JEFFREY SCOTT HENN, M.D. - NEUROSURGERY

Medical School: Duke University, Durham, NC (1990-95)
Internship: Maricopa Medical Center, Phoenix, AZ (1995-96)
Residency: Barrow Neurological Institute, Phoenix, AZ (1996-2002)
Dr. Henn is with Lee Neurosurgery at 2780 Cleveland Ave, #819, Ft Myers, FL 33901.



JEFFREY ROBERT SONN, D.O. - RADIOLOGY

Medical School: University of Health Sciences-COM, Kansas City, MO (1993-97)
Internship: Grandview Hospital, Dayton, OH (1997-98)
Residency: Grandview Hospital, Dayton, OH
Fellowship: Shands, Gainesville, FL
Dr. Sonn is with Florida Radiology Consultants at 2726 Swamp Cabbage Court, Fort Myers, FL 33901.

LIABILITY COVERAGE OF VOLUNTEER HEALTH PROFESSIONALS IN FREE CLINICS

Michael D. Maves, MD, MBA, Executive Vice President
American Medical Association

As you may recall, Congress authorized medical liability protection for volunteer health professionals working in free clinics through Section 194 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If a volunteer health care professional meets certain requirements, the related free clinic can sponsor him/her to be a "deemed" federal employee for the purpose of medical liability coverage under the Federal Tort Claims Act (FTCA).

Implementation of the Free Clinics Federal Tort Claims Act Medical Malpractice Program (the Program) began on September 24, 2004. Under the Program, administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), HHS will deem a volunteer free clinic health care professional to be an employee of the Public Health Service for purposes of FTCA medical malpractice coverage if the free clinic and health care professional meet certain requirements. An application process must be followed, and approval granted by HHS, before liability protection is granted.

Detailed information on the Free Clinics FTCA Medical Malpractice Program, as well as application instructions and eligibility requirements, can be found on the HRSA/BPHC Web site at www.bphc.hrsa.gov/freeclinicsftca/application.htm. Please feel free to contact Debra Cohn, J.D., AMA Washington Counsel, (202-789-7423; debra_cohn@ama-assn.org) if you have any questions about this program.

AMA AND ORGANIZED MEDICINE WINS ELECTIONS

The November 2 elections yielded victories for several pro-medicine candidates in the U.S. House and Senate, with the help of the bipartisan American Medical Association Political Action Committee (AMPAC), many state medical society PACs and physicians around the country.

AMPAC spent more than \$4.5 million on behalf of pro-medicine candidates in the election. Overall, AMPAC-backed candidates won 76 percent of competitive House races and 88 percent of critical Senate races. Six of the seven pro-medicine candidates supported by AMPAC independent expenditures, ranging from \$90,000 to \$400,000 each, also won.

Visit <http://www.ampaconline.org> to learn more about AMPAC.

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ACQUIRING AND FINANCING NEW TECHNOLOGY

By: Lin Holoman, Vice President, IronStone Leasing

Technology in the medical field is accelerating at an incredible rate, clearly allowing medical professionals to improve healthcare and increase services to their patients. That factor coupled with today's recovering economy is leading to increased interest in acquiring new equipment, which ultimately leads to the decision process regarding the most effective financing solutions. Considering whether to pay cash, or enter into loans or leases, at fixed or floating rates for various terms and to retain or give up tax benefits can result in what seems like a head-spinning task even with CPA assistance.

The ultimate structure of financing can make a great deal of difference to one's cash flow situation, personal or corporate tax position and even managing one's time between patients and other business related activities. While one should seek expert advice from a business manager or CPA, I would suggest to you that you consider the following points as a way of focusing on simplifying the process.

First, keep in mind that the various aspects of financing are merely ways to assist in managing financial resources so that you maximize your business operation's effectiveness and profitability. Leasing is one of those options. Whether you chose to agree to a tax lease with the lessor retaining the tax benefits or a finance type lease with you keeping tax ownership, leasing is a flexible product, which allows many different approaches to equipment acquisition. Ownership is not really the question. Cash flow, managing tax benefits and ease of acquisition are the important factors to consider.

Secondly, the service that accompanies the financing can either complicate or ease your involvement in the acquisition process. With leasing, once you determine the equipment that you require, you turn the rest of the process over to your lessor. Competent lessors manage the acquisition so that you never have to use your money or deal with vendors on a daily basis. Deposits and required progress payments typically are funded by the lessor who arranges for shipment and funding as equipment is delivered. You, the lessee, can concentrate on what is most important to you, your patients.

Thirdly, it is of huge importance to understand the provisions of the leases that you consider. In many cases, purchase options at lease maturity, prepayment or equipment return provisions and other factors can add significantly to the ultimate cost of your new equipment. Selecting a known lessor who is consultative, knowledgeable and structures and funds its own transactions in an open and informative manner can save you from dealing with unpleasant situations during the lease term and at lease end. In all probability, such lessors will deliver cost effective financing as well.

Finally, selecting lessors who truly understand the healthcare field and have the capacity to and interest in providing excellent and consistent levels of service should be paramount in your decision. Yes, pricing is important, but choosing a financing partner who cares about your success and is willing to back that up with attentive service and flexibility over a variety of situations can be an asset to you personally and to the success of your practice. Remember, cash flow, quality service, trust and industry knowledge should be the primary basis for choosing a financing solution with a lessor that will be a part of your business life for a number of years. Balance those aspects with structure and pricing and you will garner the benefits of a well thought out decision.

This article was provided compliments of Brenda Dolan, Vice President and Medical Financial Specialist of IronStone Bank. For further information on this subject please contact Lin or Brenda at (239) 985-2205. Paid Advertisement.

FLAMPAC CANDIDATES WIN!

Steve West, M.D., FLAMPAC President

I am thrilled to report that candidates endorsed and financially supported by FLAMPAC won 70 out of 71 races this last election, for a 98.5% success rate. This is the best success rate that FLAMPAC has ever had in an election cycle! Perhaps the most impressive fact is that FLAMPAC candidates won 15 out of 15 "open seat" races in the Florida House for an unprecedented 100% success rate. Two FMA members, Dr. Ed Homan and Dr. Paige Kreegel, won their campaigns for Florida House seats. As you know, Dr. Homan is an orthopedic surgeon from Tampa. Dr. Kreegel lives just north of us in Charlotte County.

FLAMPAC had a terrific 2004 election cycle. This election cycle began in 2003 with the Special Elections of Mike Haridopolos to the Florida Senate (replacing the late Howard Futch) and Thad Altman, Jennifer Carroll, and Ellyn Bogdanoff to the Florida House. In the August Primary Election, FLAMPAC was involved in 30 state legislative races and our endorsed candidate was successful in 25 of these races (83% success rate). Candidates supported by the MD 1000 Club won 8 out of 10 races in the Primary. In this year's General Election, FLAMPAC supported candidates for the State Legislature won 53 out of 54 races (98%). If you combine the Primary and General Election results, FLAMPAC endorsed candidates won 78 out of 84 state legislative races (93%).

The partisan makeup of the Florida Senate remains the same with Senate President Tom Lee presiding over a 26-14 Republican Majority in the Senate. In the Florida House, Republicans increased their majority by adding three seats. Speaker Allen Bense will preside over an 84-36 Republican majority in the House.

We have 2 newly elected members of the Florida Senate, Carey Baker (District 20) and Nan Rich (District 34). Senator Baker replaces Senator Anna Cowin, so we were able to replace one pro-medicine Senator with another one in District 20. Senator Rich replaces Senator Wasserman-Schultz in District 34. This is a modest upgrade for us as Sen. Wasserman-Schultz was a vehement opponent of medical liability reform while Senator Rich won for the \$250K cap in the House during one of the 2003 special sessions.

In the Florida House, we have 19 newly elected members. FLAMPAC supported 18 out of 19 newly elected members. In most of these seats, we have significantly upgraded our position. I believe this is the most pro-medicine incoming freshman class we have ever had. Remember one of these new members will someday be Speaker of the House and about one third will probably go on to serve in the Senate.

Locally two Friends of medicine who can be counted for their support return the House of Representatives Bruce Kyle District 73 and Jeff Kottkamp District 74. Both Representative Kyle and Kottkamp will be in strong leadership positions. Senator Burt Saunders District 37 will be returning to the Senate. Senator Saunders has been one of our strongest advocates in the Senate. We also are pleased to announce that Senator Dave Aaronberg District 27 was reelected and Connie Mack was elected to the U.S. House of Representatives District 14.

District 72 - Representative Paige Kreegel, M.D., was strongly supported by FLAMPAC. PBF did a mail piece and conducted paid issue advocacy phone calls in this District. We are very happy to have another physician joining Rep. Ed Homan in the Florida House. Dr. Kreegel replaces Lindsey Harrington who was termed out of office.

District 75 - Representative Trudi Williams, a professional engineer, was strongly supported by FLAMPAC and the MD 1000 Club in her contested primary race. PBF did several mail pieces and conducted paid issue advocacy phone calls in this District. As FLAMPAC President, I hosted a fundraiser for her at my home. Rep. Williams replaces Carole Green.

As President of FLAMPAC, I would like to thank everyone for the generous contributions. to FLAMPAC, MD 1000 Club and People for a Better Florida. Clearly, these results are proof that investing in the political process pays huge dividends. We are excited about working with the new leadership in both the Florida House and Florida Senate. We also look forward to working with the newly elected members of the legislature, all of whom received financial backing from FLAMPAC! Amendment 3 passing despite the trial bar spending \$24 million dollars to defeat our initiative has to improve our influence with the legislature.

FLAMPAC membership for 2004 stands at 4,800 members compared to 4,323 members at the same time last year. This is an increase of 477 members or 11%. This is the most FLAMPAC members we have had in one year since 1996 and this year's dues revenue is a record amount for FLAMPAC for one year. It is also the largest increase in members that we have had in the last ten years. We must continue to build on these successes. In two years a new Governor will be elected. There will be at least 8 open Senate seats. This will provide us the opportunity to change the make up of the Florida Senate and elect a pro-medicine Governor.

Please see insert for a full list of FLAMPAC endorsed candidates.

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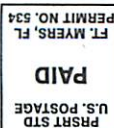
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