

# LEE COUNTY MEDICAL SOCIETY

# Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 28, NO.1

FORT MYERS, FLORIDA  
DANIEL SCHWARTZ, M.D.

MARCH 2004

## NO FEBRUARY GENERAL MEMBERSHIP MEETING

**MARCH 18, 2004**

6:30 p.m. - Social Time  
7:00 p.m. - Dinner/Program  
at the  
Royal Palm Yacht Club  
2360 West First Street  
Downtown Fort Myers

**Speaker:** Jeffrey Phipps, EVP of  
Investment of "The Phipps Group"  
at  
Janney, Montgomery, Scott, LLC

**Title:** "Wealth Preservation for  
Physicians, Families and Corporations"  
Issues in Detail: Legal/Accounting  
Investments/Insurance

**Reservations:**  
LCMS, P.O. Box 60041  
Fort Myers, FL 33906-0041  
Tel - 936-1645 Fax - 936-0533

## Inserts

- 1 MARCH MEETING NOTICE
- 2 HURRICANE SHELTER SIGN UP SHEET
- 3 MEDICARE PART B BILLING
- 4 AAPS REPORT
- 5 GOLF SPONSORSHIP FORM
- 6 RALLY AT THE CAPITOL
- 7 ADVERTISEMENT: JETSCAPE

## In This Issue...

Membership Activity.....	2
LCMS Alliance News .....	2
Lipo/Abdominoplasty Moratorium .....	2
Odds & Ends .....	2
LCHD Hurricane Preparedness.....	3
Documenting Phone Calls .....	3
New Member Applicants .....	3
(cont) Lee Memorial Part III .....	3
Anatomy of an Annuity.....	4
Key Contacts .....	4

## Mark your Calendars

**9TH ANNUAL LEGAL-MEDICAL  
CHALLENGE CUP**  
"The Battle of the Professions"

Saturday, April 24, 2004

Renaissance Country Club  
12801 Renaissance Way  
Fort Myers, FL 33912  
(Off Daniels, near I-75)  
\$190.00 Per Team



## President's Message

### AMENDMENT UPDATE

Douglas Stevens, M.D.



Dr. Richard Murray and I attended the FMA leadership conference in Tampa in February. I can assure you that your FMA leadership is working very hard to make changes in the environment in which we practice medicine. They are focused on Tallahassee and Washington like never before. We have an effective lobbying team - we need to focus on giving them the resources to carry out the task. In case you are unaware - the task of which I speak is to obtain meaningful reform of the medical malpractice system in this state and hopefully across the nation.

We can all see the devastation that has occurred in our profession. Medical school applications have never rebounded from the onslaught of managed care. Insurance and Government domination of our profession with reimbursements that are not keeping up with inflation - especially the spiraling costs of malpractice insurance - have led to early retirements and have heavily influenced residents' choice of specialty and location. We know the system is broken and soon will fall under its own weight. As we continue to patch it and keep it alive, we must endure comments from those at the News-Press ("we just don't hear the public outcry") and in the Florida and US Senate [... we will have to see some blood in the streets before we'll be able to act on this (my paraphrase of an actual conversation)]. Sadly enough, though horribly irresponsible, these statements are probably the honest truth when it comes to legislation to fix the malpractice portion of this problem.

Unfortunately, the business community is not supporting us. In fact, soon each of you will receive a "Dear Doctor" letter from the business community asking you to step back from the FMA's amendment to rein in the current malpractice lottery system. I have yet to receive this letter but it was shown to us at the FMA meeting in Tampa. Anyone who thinks that we should wait for the legislature to fix the problem or feels that last year's legislation is all that needs to be accomplished is sorely misguided. I am aware of malpractice premium increases of more than 40% for 2004. Clearly more action is needed. None is forthcoming from the legislature therefore a constitutional amendment is the only path for us to pursue.

### So what can I do?

1. Support the Amendment initiative by having your patients sign the petition. If not already in your office please call Ann at the medical society office to send you one.
2. We need to be an effective political voice. Support the legislators who have risked their political careers to protect their patient's access to medical care. Dr. Steven West and others will be calling on you to donate money and time to these candidates.
3. Strengthen the voice of organized medicine. If we do not speak with one voice our issues will not be heard. Join the FMA, AMA and FLAMPAC. These organizations are the only way we will have any influence on the future of medical care in this State and Country.

## MARCH 30<sup>TH</sup> IS DOCTORS' DAY!



The First Doctors' Day was observed on March 30, 1933, in Winder, GA on the date of the first use of general anesthetic in surgery on March 30, 1842 by Dr. Crawford Long of Barrow County, GA. Celebrations in 1933 included mailing cards to physicians and their wives and placing flowers on the graves of deceased doctors, including Dr. Long.

The United States House of Representatives adopted a resolution commemorating Doctors' Day on March 30, 1958. In 1990, legislation was introduced in the House and Senate to establish a National Doctors' Day. Following overwhelming approval by the United States Senate and the House of Representatives, President George Bush signed a resolution - S.J. RES. #366 (which became Public Law 101-473) - designating March 30<sup>th</sup> as "National Doctors' Day."

**WHEREAS** society owes a debt of gratitude to physicians for the contributions of physicians in enlarging the reservoir of scientific knowledge increasing the number of scientific tools, and expanding the ability of health professionals to use the knowledge and tools effectively in the never ending fight against disease and

**WHEREAS** society owes a debt of gratitude to physicians for the sympathy and compassion of physicians in ministering to the sick and in alleviating human suffering: Now, therefore, be it Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That -

1. March 30, 1991, is designated as "National Doctors' Day"; and
2. the President is authorized and requested to issue a proclamation calling on the people of the United States to observe the day with appropriate programs, ceremonies and activities.

Today, Doctors' Day is celebrated by sending cards and giving red carnations to physicians. The Lee County Medical Society would like to express our appreciation to our members for all they do to promote health and welfare in our community.

### LEE COUNTY MEDICAL SOCIETY DOCTOR'S DAY 1959



**PICTURED:** Left To Right: Front Row: Ed Peres, Fred Bartleson, Newt Larkum, Bill Taylor, H. Quillian Jones, Sr., Tom Wiley, Sr., Joe Isley, Sr. Back Row: John S. Stewart, A. Louis Girardin, Sr., Leland Glenn, Gus Bieber, Roger D. Scott, Sr., Ernest Bostleman, Baker Whisnant, Thad Rodda  
(Several Members Not Pictured)

## As I Recall...

Roger D. Scott, M.D.

### LEE MEMORIAL HOSPITAL PART III 1943-1968

We consider August 18, 1943 as the official opening of this "new" Lee Memorial Hospital, but it was not until three to four weeks later that the transferring of equipment, etc. was completed & patients admitted. The exact date of patient occupancy is the unknown.

Last month I called George Bail, son of the Hospital's architect who designed the hospital, but George could not answer why the hospital faced west. He thought it was most likely due to the sunshine. He did reveal an interesting unknown fact that the supervisor of construction for this hospital had also been the supervisor of construction for the Lincoln Memorial in Washington D.C.

Now the new Lee Memorial Hospital needed a staff of physicians, and so I would presume that the following physicians listed by the FMA as being members of the Lee County Medical Society in 1944 were the staff. (Names with asterisks were least likely to be on the staff but may have been.) They were: Harry Allan (deceased by 1946), Fred Bartleson, Ernest Bostleman, A. S. Byle, Walter Clement (Punta Gorda)\*, A. Louis Girardin, Jr. (Pediatrician & only Board specialist), William H. Grace, Warren Harrison, John Jennings (Boca Grande)\*, M. F. Johnson, H. Quillian Jones, Sr. (not to be confused with his son, HQ, Jr. who came in 1963), Guy Longbrake, C. Gordon Merrick (a very old MD who did Eye, Ear, Nose, & Throat work mainly, & I am told was "grandfathered" in the Boards), Robley D. Newton (FM Beach)\*, Virgil G. Stead (Naples)\*, Harvie J. Stipe (had one year of surgical training) & Baker J. Whisnant. (All Family Practitioners except as otherwise stated, but many did various surgical procedures).

Regrettably, I cannot obtain any significant information regarding the hospital from 1943 until about 1954. Here are the doctors present in the community during those years and were probable members of the hospital staff. The physicians that have already been listed were joined by the following physicians: 1950 Joseph D. Brown, Angus D. Grace (son of Dr. W. Grace), Curtis R. House (Native of Chokoloskee FL, which is way far beyond civilization in the Everglades. I think his was a tremendous feat to become so educated.) Robert A. Peterson, Jr. (gone by 1952), Joseph L. Selden, Jr. (mainly female medicine & ObGyn), Clifford J. Vinson (first grandfathered board certified urologist & father of Clifford Vinson who came in 1958). 1952-53 Harry Fagan, Jr. (son of First National Bank president), & Charles M. Stevens. By 1954 the county was growing so, for the first time, the very close "knit" old physicians would allow some "outsiders" to come in so now you see the appearance of a number of new young doctors here in 1954: Carey N. Barry (1st. trained Board Certified urologist from Clearwater FL), David Cowherd, Warren A. Harrison (now listed as MD DPH E, E, N, T How can this be?) James C. Carver, James L. Bradley (1st. board trained General Surgeon, but I was the first General Surgeon to be Board Certified). George D. Hopkins, II (Internist) killed at age 38 after taking the tests for the boards, along with all the other 36 passengers in the crash of a Northwest Airlines "Electra" on take off in Chicago, September 17, 1961. Drs. Fagan Jr., Charles Stevens, & Joseph Brown had departed by 1956. Most of all the old doctors listed here were still in practice in 1958 when I "blew" into town.  
(Continued on page 3)



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

Respectfully Submitted by Linda Chazal, Co-President

"Gung Hay Fat Choy!" - Happy New Year! Wave goodbye to the year of the goat, as in rushes the monkey with levity and prosperity. Those born in the year of the monkey are believed to be intelligent and well liked by others. Speaking of monkeys, there is some monkey business going on in Lee County. An alert physician's spouse reports that signatures in support of the constitutional amendment touted by the trial bar are being collected in front of the Cape Coral Library. The individual collecting the signatures told our spouse that this petition was "similar" to the one being collected in doctors' offices. In addition, our spouse was told by the person collecting signatures that "doctors support this amendment" (The Public Protection from Repeated Medical Malpractice) because the bad doctors are driving up malpractice cases for the good doctors, and that we therefore can't get good doctors in the state of Florida, and that you could find the petitions in the doctors' offices. Whether intentional or not, this approach to confuse the two petitions is disturbing and alarming. **Get on board with the Medical Society and let's re-double our efforts to collect signatures for Citizens for a Fair Share.** It's crunch time!

Let me at this time introduce another member of our stellar legislative team. Joining the team is Jodi Johnson. Jodi is married to Tom Johnson, a Lee County ER physician. Jodi will be spearheading our signature drive at area hospitals. We have been hugely, and I mean over the top, successful collecting signatures in the lobby of Health Park. **Please contact Jodi (Jodidkash@aol.com)** if you can volunteer some time to man our table as we branch out into other hospitals.

I have collected signatures at Health Park and Lee Memorial-Cleveland. I would like to thank everyone for the extremely warm welcome we have received from the staff and physicians. We could have our Lee County quota in a week from the physicians' offices if everyone pitched in. We need 43,000 petitions and we have 519 members in the Medical Society. We need approximately 82 petitions per physician. Tami Traiger and I personally collected 33 petitions in less than an hour in the cafeteria at Lee-Cleveland and enjoyed chatting with the staff and visitors. We are adding visits to Cape Coral Hospital and Southwest Florida Regional Medical Center. Send us your spouses, friends and family and we will set them up.

The Alliance is also engaged in talks with the Lee County School District regarding the implementation of a "Healthy Kids Program". The goal is to start a pilot program this semester at Diplomat Elementary School. The focus is to provide and implement a sustainable healthy lifestyle program for school-age children that incorporate elements of physical activity, nutrition and wellness education. Stay tuned for details!!

In closing, there is tremendous support for our legislative efforts. Let's not let this opportunity pass us by.

MORATORIUM ON COMBINED  
LIPOSUCTION/ABDOMINOPLASTY

DEPARTMENT OF HEALTH / Board of Medicine  
Moratorium on Combined Liposuction/Abdominoplasty  
Procedures in Office Surgery Settings. 64B8ER04-2

**SPECIFIC REASON FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE:** The Board of Medicine has statutory authority to set standards of practice in various medical practice settings. Over the last decade, the practice of physicians performing surgery in their offices rather than in hospitals or ambulatory surgery centers has expanded both in numbers of surgeries and the complexity and duration of the surgical services being provided. As the Board of Medicine and the public have become increasingly aware of the risks and adverse results of some office surgeries, through evidence such as individual disciplinary cases and adverse incident reports, the Board has responded to the trend by adopting rules regulating office surgery including standards of practice rules necessary to limit the likelihood of adverse incidents arising from surgeries in physicians' offices.

On February 6-7, 2004, the Board of Medicine was once again reminded of the possible risks and adverse results from office surgeries when it was presented with evidence in the form of adverse incident reports from four of the eight most recent office surgery deaths during the period of August 2002 to January 2004. These reports reflected multiple deaths of patients who had liposuction and abdominoplasty procedures on the same day in the office surgery setting. The Board of Medicine believes that this combination of procedures may be increasing abdominal pressure and decreasing venous return from the lower extremities in a state of hypercoagulability secondary to tissue injury, which may increase the likelihood of pulmonary emboli and that such a possibility presents an immediate danger to the public health, safety and welfare.

The Board does not believe it can allow this alarming trend to continue without taking action. Hence, the Board believes that the filing of a narrowly tailored emergency rule placing a 90 day moratorium on liposuction and abdominoplasty procedures being performed within 14 days of each other on the same patient in an office surgery setting is justified. The purpose of this limited moratorium is twofold: first, to protect the lives of patients who intend to undergo this combination procedure in an office surgery setting and second, to assist the Board in obtaining further evidence so that it may determine whether any permanent regulatory action is needed addressing the performance of liposuction/abdominoplasty combination procedures in office surgery settings. **REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES:** The procedure employed for adopting this emergency rule is fair under the circumstances. Upon approval of the emergency rule and prior to its actual filing, the Board of Medicine and the Department of Health issued a press release announcing the Board action and conducted a noticed telephone press conference for the media and the public where participants were given the opportunity to ask questions related to the emergency rule. The Chair, the Vice-Chair, and the Executive Director of the Board attended the press conference and made themselves available to answer any questions related to the rule. Board staff has also immediately notified all registered office surgery facilities of the moratorium and intend to provide each facility with a copy of the rule once it's filed.

The Board acknowledges that in promulgating this rule it has acted with limited prior notice. However the Board believes that exigent circumstances and the rule's limited scope and design mitigates any perceived shortcomings. **SUMMARY OF THE RULE:** The rule prohibits the combination of abdominoplasty and liposuction in all office surgical settings and requires the submission of office surgical logs. **THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:** Larry McPherson, Jr., Executive Director, Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253. **THE FULL TEXT OF THE EMERGENCY RULE IS:** 64B8ER04-2 Moratorium on Combined Liposuction/Abdominoplasty Procedures in Office Surgery Settings.

(1) Effective upon filing of this emergency rule, there shall be a 90 day moratorium on liposuction and abdominoplasty procedures performed within 14 days of each other on the same patient in an office surgery setting as defined by Rule 64B8-9.009(1)(d), Florida Administrative Code.

(2) Physicians licensed pursuant to Chapter 458, Florida Statutes, who perform level II and/or III office surgery, as defined by Rule 64B8-9.009(4), (5), and (6), Florida Administrative Code, shall submit copies of their office surgery logs, as defined by Rule 64B8-9.009(2)(c), Florida Administrative Code, for surgeries performed from June 1, 2002 through January 31, 2004, with the Department of Health within 90 days from the filing of this rule.

Specific Authority: 458.331(1)(v), 120.54(4), F.S. / Law Implemented 458.331(1)(v), F.S./History - New

**THIS RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE.**

ODDS AND ENDS

AMA/FEDERATION NEWS

**AMA Supports CIGNA Settlement** - On Feb. 2, the U.S. District Court in Miami approved an agreement between Philadelphia-based CIGNA HealthCare and some 700,000 physicians involved in class-action lawsuits relating to the claims payment practices of certain managed care companies that were filed in state and federal courts. Cigna agreed to spend \$400 million on internal changes, and to pay at least \$70 million to doctors on claims up to 12 years old, \$55 million in attorneys' fees and \$15 million to create a health care foundation.

"By agreeing to the settlement," said AMA President Donald J. Palmisano, MD, "CIGNA has recognized the importance of restoring its relationship with physicians, and working to implement necessary changes in how the company conducts its business with physicians now and in the future.... The AMA will continue to support efforts on behalf of physicians to confront the unfair business practices of health insurers."

**AMA Welcomes New Campaign For Medical Liability Reform** - Today, 10 specialty societies - calling themselves Doctors for Medical Liability Reform (DMLR) - launched a new public awareness campaign to promote passage of federal medical liability reform legislation that includes a cap on non-economic damages awarded in medical liability cases. The DMLR's Protect Patients Now initiative will help educate and inform patients, physicians, business leaders and legislators about the destructive effects that this crisis is having on the nation, and on the healthcare systems and economies of red alert states.

The AMA welcomes the new public awareness campaign and pledged to continue its fight to bring reasonable reforms to our broken medical liability system, naming medical liability reform its top legislative priority for 2004, as it was in 2003.

"It is clear that we are facing a crisis when patients have to leave their state to receive urgent surgical care, or when women cannot find obstetricians to monitor their pregnancies and deliver their babies," said AMA President Donald J. Palmisano, MD. "We cannot afford the luxury of waiting until the liability crisis gets worse to take action. Too many patients will be hurt."

MEMBERSHIP ACTIVITY

NEW PRACTICE

John J. Green, D.O.

Internal Medicine

14171 Metropolis Avenue, Ste 101

Fort Myers, Florida 33912

(239) 332-4099 (T)

(239) 332-4088 (F)

RESIGNED

Bipin Shah, M.D.

Obstetrics/Gynecology

LIFE MEMBERS

The Lee County Medical Society would like to congratulate the following physicians who have remained members of the Florida Medical Association and LCMS for 35 years.

Joseph Thomas Donalson, MD

Gynecology

Michael Eugene Lowrey, MD

Internal Medicine

Anthony David Migliore, MD

Anesthesiology

CONSTITUTIONAL AMENDMENT  
PETITIONS

The Lee County Medical Society will continue collecting petitions until we meet our goal of 50,000 petitions. Please contact our office for copies of the petitions. We have petitions and letters to patients in both English and Spanish.

FAILURE IS NOT AN OPTION!



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(239) 498-4420



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SHEPPARD, BRETT, STEWART, HERSCH & KINSEY  
PA  
Fort Myers, Florida



## LEE COUNTY HEALTH DEPARTMENT HURRICANE PREPAREDNESS NOW IS THE TIME!

By Judith A. Hartner, M.D., M.P.H. / Director, Lee County Health Department

In the middle of winter it is hard to start thinking of hurricane season, but in fact it will be here very soon. Is Lee County ready? What plans are in place to care for the disabled, the oxygen dependent, and the elderly? What is the role of the hospital in hurricane response? What is your role and the role of the medical community in hurricane response?

It is difficult to say that any community is ever completely ready for a catastrophe such as a major hurricane; nonetheless, Lee County has made great strides in the past ten years. Lee County Emergency Management has a network of shelters for the general public, and a transportation system for those needing help reaching a shelter. Volunteers from the Lee Chapter of the American Red Cross staff most of the general shelters.

Special care shelters are available for the disabled and frail elderly, who will need extra help during a disaster. These special care shelters are not nursing homes or hospitals, but they have extra staff, water, oxygen, and cots to assist those who can't go to a regular shelter. Special care shelters are staffed by employees of the Lee County Health Department, plus all the volunteers that we can find. These shelters are being equipped with a water source, oxygen, and an amount of emergency power.

Before and during a storm, hospitals will empty their beds as much as possible. Hospitals will shelter those patients needing care beyond that provided in the special care shelters. In particular, hospitals will shelter ventilator dependent patients or others requiring a constant source of electricity. What is your role for disaster preparedness?

1. Develop a plan to protect yourself and your family.
2. Have a response plan prepared for your practice. When will you close and open your practice? How will you protect your paper and electronic records?
3. For your disabled patients, the frail elderly or oxygen dependent, ask them about their own plans in the event of a hurricane. Will they evacuate, shelter at home, or need a shelter? If they are expecting to need a special care shelter, then they must register with county emergency management. They will present a form from EMS requiring your signature. Also remind your patients to keep a two-week supply of chronic medications.
4. Special note: many of your patients will ask you to sign that they need to be sheltered in a hospital. Please look at this request very carefully. Hospitals should not be considered to be shelters except in extreme circumstances. If you do refer someone to the hospital to be sheltered, you will be expected to write admission orders.
5. Lastly, both the general shelters and the special care shelters can use your help. We ask you to consider volunteering to provide medical backup during a hurricane.

Now is the time to start preparing. Please take a moment to consider how you can protect your family and help your patients be ready should a hurricane hit Lee County. Physician Sign up for Shelter form enclosed in Bulletin.

## DOCUMENTING PHONE CALLS

Cliff Rapp, Vice President of Risk Management  
First Professionals Insurance Company

The most important phone call you ever receive may be the one you or your staff forgets to document. It is crucial that phone calls be documented in patient records and that your office has procedures in place to deal with patient phone calls.

While it is important to have sound office procedures in place, what matters most is that the phone call gets documented in the patient's chart. Without documentation, it is extremely hard to defend details of discussions and specific instructions in the event a claim or suit should arise. Moreover, if a phone call is not documented and the claim goes to court, it becomes your word against the patient's word. Without documentation, the patient's memory may carry more credibility with a jury than that of yours or your staff who may have seen 20, 30, or more patients that day.

When a patient calls your office with a problem, have your staff document the phone call in the patient's chart. Be sure they include important details of the conversations, including the time and date the call was received, who called, the person who received the call, when the call was returned to the patient, and what was discussed. In addition, vital patient information and condition should be noted at that time. It is also wise to document the onset of symptoms as described by the caller. Remember to include after-hour calls the same as you would document any telephone conversations. If you are on call you may want to consider establishing a procedure for these phone calls to be documented in the patient's chart. You may also want to consider designating one staff person to follow-up with these patients and the on-call physician. Be sure that your staff documents what treatment was rendered to each patient and that each patient receives a follow-up call.

The following are suggested elements in recording phone calls: Date and time of the call, patient's name, chief complaint or concern, brief history, assessment, disposition/advice, necessary follow-up by advice-giver, symptoms that develop which require the patient to call back, signature or other information to determine advice-giver, and date and time of call to the patient, if applicable.

Medical records become evidence and recording phone calls is an important part of keeping good medical records. Without such documentation, it may be impossible to successfully defend a claim. Or that reason alone your office should have a process in place for recording patient calls.

Cliff Rapp is Vice President of Risk Management for FPIC (First Professionals Insurance Company), a leading provider of professional liability insurance for physicians, dentists, and other healthcare providers in Florida, Georgia, and Arkansas.

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

## 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.



### MICHAEL FREY, MD - PHYSICAL MEDICINE & REHABILITATION/ INTERVENTIONAL SPINE CARE & SPORTS MEDICINE

Medical School: Ross University, West Indies (1994-98)  
Internship: Monmouth Medical Center, Long Branch, NJ (1998-99)  
Residency: Temple University, Philadelphia, PA (1999-2002)  
Fellowship: University of Pennsylvania, Philadelphia, PA (1999-2002)  
Board Certification: American Board of Physical Medicine & Rehabilitation.  
Dr. Michael Frey is with Advanced Pain Management Specialists, 6120 Winkler Road, Suite J, Fort Myers, FL 33919.



### RALPH N. LANDEFELD, M.D. - PEDIATRICS

Medical School: University of Pennsylvania, Philadelphia, PA (1993-97)  
Internship & Residency: St. Christopher Hospital for Children, Philadelphia, PA (1997-2000)  
Board Certification: American Board of Pediatrics.  
Dr. Landefeld is with Physicians Primary Care of SWFL at 9350 Camelot Drive Fort Myers, FL 33919.



### WILLIAM O'BRIEN, M.D. - OBSTETRICS/GYNECOLOGY & MATERNAL FETAL MEDICINE

Medical School: New York University, NY, NY (1971-74)  
Internship: Manhattan VA Hospital, NY, NY (1974-75)  
Residency: Yale New Haven Hospital, New Haven, CT (1975-78)  
Fellowship: Naval Hospital, Maryland (1978-80)  
Board Certification: American Board of Obstetrics and Gynecology and Maternal Fetal Medicine.  
Dr. O'Brien is with Maternal Fetal Medicine of Southwest Florida at 9981 Health Park Circle Ste 159, Fort Myers, FL 33908.



### MARK WILLIAMS, M.D. - OBSTETRICS/GYNECOLOGY & MATERNAL FETAL MEDICINE

Medical School: University of Minnesota, Minneapolis, MN (1977-81)  
Internship: Western Medical Center, Santa Ana, CA (1981-82)  
Residency: Western Medical Center, Santa Ana, CA (1981-82)  
Kaiser Permanente Hospital, Santa Clara, CA (1984-87)  
Fellowship: University of South Florida, Tampa, FL (1987-89)  
Board Certification: American Board of Obstetrics and Gynecology and Maternal Fetal Medicine.  
Dr. Williams is with Maternal Fetal Medicine of Southwest Florida at 9981 Health Park Circle Ste 159, Fort Myers, FL 33908.

## As I Recall.....

(continued from page 1.. Lee Memorial Hospital part III)

I apologize that this is such a detailed article, but this is a part of history that should be recorded. It has been very difficult to accumulate this information and perhaps each of the doctors I have listed is not really a physician, and perhaps someone has been omitted from this list. I cannot assure the accuracy of these facts, but perhaps someone in the future may delve into the details closer & confirm or deny them.

Next month comes with a fun (crazy) article and later more beginnings of the 1954 Lee Memorial with more details regarding actual hospital and staff. I requested contributions of information from many people around town, including the doctors who are still here, about the past but very few have responded. Corrections, additions, and comments from any of you will be most appreciated.

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ANATOMY OF AN ANNUITY - PART 1  
By Sandra Washburn, Financial Consultant

As people take greater control over planning for retirement, the number of products designed to help with that task has grown dramatically. Mutual funds, insurance companies, banks and employers offer a wide range of retirement planning tools, such as Individual Retirement Accounts, 401(k) plans, and Roth IRAs.

Another popular choice for retirement planners is the tax-deferred annuity. A tax-deferred annuity is a contract issued by an insurance company that lets you accumulate money tax-deferred. When you are ready to withdraw from your annuity, there are a number of options for receiving income. In general, there are two types of annuities:

- Fixed Annuities – offer safety of principal and a rate of return for a set period of time (typically five to 10 years) guaranteed by the insurance company.
- Variable Annuities – offer a selection of investment portfolios within the annuity that will fluctuate in value over time and may be worth more or less upon redemption. A variable annuity's return is based on how the underlying portfolios perform. Most variable annuities also include a fixed account in addition to the fluctuating portfolios.

Annuities have no restriction as to how much you can contribute annually (unlike IRAs, which do have a contribution limit). Generally, you can open an annuity for as low as \$1,000 and deposit as much as \$2 million. You may contribute as much and as often as you want. Additionally, you can invest knowing that no taxes will be due on the contributions or any potential earnings until they are withdrawn from the account.

The Power of Tax Deferral

Like IRAs, 401(k)s and other retirement programs, variable annuities are tax-deferred. You pay no current income taxes on any earnings, which allows these earnings to grow faster than in a taxable investment. Withdrawals of earnings or other taxable amounts are subject to income tax and, if made prior to age 59 1/2, would be subject to a 10% federal penalty tax.

Choice and Flexibility

A variable annuity can provide you with greater investment flexibility. Within a single contract, you may have:

- A fixed or stable component – a fixed account, money market option, or both
- A growth component – the potential for long-term growth of your money through various stock and bond portfolio options
- Nontaxable transfers – the ability to transfer assets from one investment option to another without incurring a tax liability

Insurance Features

Variable annuities carry important guarantees:

- Death benefit – guaranteed by the insurance company. If the contract owner should die during the period of accumulation, the death benefit provides the beneficiary the full amount paid in, less any withdrawals taken by the contract owner. As long as you have a designated beneficiary, the costs, delays and publicity of probate will be avoided. Death benefits vary by annuity, with some paying survivors a percentage over the paid-in amount or the highest contract anniversary value. Others provide an additional payment of an annuity's total investment earnings. There are many death benefit options, depending on the level of protection needed.
- Income that cannot be outlived – every contract owner has the right to annuitize (this is the conversion from what is the "accumulation period" to the "payout period.") When you need income, you can choose an option that guarantees a retirement income for the rest of your life, no matter how long you live.
- Expense guarantee – assures that the annuity's expenses cannot be increased beyond amounts stated in the contract, as long as the contract is in effect.

Part 1 Conclusion, (Part 2 to be continued in next months' issue)

This article was provided by Brenda Dolan, Vice President of Atlantic States Bank. Brenda is a Medical Financial Specialist with the bank. For more information call Brenda at (239) 985-2205 or Sandi Washburn at (239) 659-2806

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KEY CONTACTS CAN INFLUENCE THE POLITICAL PROCESS

The Florida Legislative Session begins March 2, 2004 and ends April 30, 2004. Be prepared to protect your profession. One way to help to protect your profession is by open communication with our Legislators. The Florida Medical Association has written things to keep in mind when communicating with Legislators.

The Legislator's World

To understand how to communicate more effectively with Legislators, we must try to understand them better. We need to consider how their world looks – factors that may color their attitudes and thinking. Legislators want to do a good job, as we all do. We sometimes forget that this basic drive applies to all elected officials. Lawmakers live in a world of compromise. They want to be responsive and accommodate their constituents but not at ANY cost – other considerations may prevent them from doing so. Elected officials are distinct personalities representing widely varying constituencies. Often, Legislators must think in terms of what is POSSIBLE and not necessarily in terms of what is IDEAL. Legislators are beset by numerous conflicting pressures. You should be sensitive to those pressures, which include:

- Concern for literally hundreds of pieces of legislation annually.
- Varying perceptions of constituent thinking. Much of the time legislators can only make educated guesses.
- Conflict sometimes arises from constituent thinking versus a legislators own judgment. This is sometimes reflected in the media.
- Legislators have to know how legislation will affect their districts; however, they are not usually experts in individual professions other than their own.
- They are busy. Legislators are public property, and at times it seems that everyone wants a piece of their time. Their workload can be staggering.
- Legislators are likely to forget names and faces since they meet thousands of people each year. You should not be offended if a legislator forgets a name – it can only be expected.
- Legislators rely heavily on their staff, both at home and in Tallahassee, for much of their research on issues and for day-to-day business. Developing sufficient rapport with staff will ensure that the legislator and the staff felt that you are a credible source and that they can give ample consideration to your association's position.


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