

# LEE COUNTY MEDICAL SOCIETY

# Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 28, NO.7

FORT MYERS, FLORIDA  
JOHN SNEAD, M.D.

NOVEMBER 2004

## UPCOMING MEETING SCHEDULE

### GENERAL MEMBERSHIP MEETING

#### ELECTION OF OFFICERS

#### 1-HOUR CME in Risk Management

NOVEMBER 18, 2004

### LEE COUNTY MEDICAL SOCIETY

#### ANNUAL MEETING

Royal Palm Yacht Club

2360 West First Street

Downtown Fort Myers

6:30 p.m.

"Effective Risk Management of  
Electronic Medical Records"

#### SPEAKER

Sandra Strickland, LHMR

Certified Risk Manager with FPIC

One Hour CME Risk Management

**General Objectives:** Although advancing technology has made electronic medical records more appealing, the user rate remains low. Lack of user acceptance may stem from unfamiliarity with products. This presentation explores some of the common functions of electronic medical records and reviews selection criteria and methods of evaluating available products. Additionally, the challenges and risks involved with the transition from a paper to electronic records in a medical practice are explored, along with risk management guidance applicable to the transition.

At the conclusion of this presentation, the participant will be able to:

Identify the benefits of an Electronic Medical Record (EMR);

Assess the needs, readiness, and implementation strategies of an EMR in a paper-based medical practice; and

Describe risk management measures pertaining to EMR designed to reduce the frequency and severity of claims.

**Accreditation/Designation Statement:** 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 First Professionals Insurance Company, Inc. 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 1 Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

DECEMBER 6, 2004

### HOLIDAY PARTY

### VERANDA RESTAURANT

2122 Second Street

Downtown Fort Myers

7:00 p.m.

## Inserts

- 1 NOVEMBER MEETING NOTICE
- 2 AMA FOUNDATION HOLIDAY SHARING CARD
- 3 FLYER-MEDICAL OFFICE SPACE AVAILABLE
- 4 HOLIDAY PARTY INVITATION

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## President's Message

### A BROADER PERSPECTIVE

Douglas Stevens, M.D.



For those who need to be reminded of the Amendments on the November Ballot:

**Amendment 3:** Limits the contingency component of trial lawyers' fees allowing the injured patient to keep the majority of money in a malpractice case.

**Amendment 7:** Makes review of adverse medical incidents discoverable.

**Amendment 8:** Physicians found to have committed three or more incidents of malpractice lose their license to practice in the state of Florida.

Amendment Three has consumed the majority of the time and money of our medical community. This is an appropriate emphasis for an issue that so dramatically impacts our profession however it is enlightening to look at the support from the public for the other two medical amendments on this year's ballot. It may clarify our position in the public eye at this juncture of time.

**Consider the voters – our patients.** They are being asked to vote to remove your medical license after three incidents of malpractice. Polls currently indicate their support of this amendment.

**Consider the voters – our patients.** They are being asked to vote to make any review of adverse medical occurrences discoverable. Again, polls currently indicate their support of this amendment.

What is going on here? Why is there such an apparent suspicion of physicians? Is this a response to a perceived closed-door policy where doctors protect each other at the expense of patients? Is this the result of the misleading report of medical errors that supposedly kill 100,000 people every year? Is this the result of us being called "providers" then lumped in with every other kind of caregiver in the latest managed care list? Is it a result of our own despair in medicine and inability to give as we once did?

I think that the public has been fed a steady diet of information, which has caused them to question authority in all aspects of modern life. From the Pentagon Papers, Iran-Contra, Monica Lewinsky to the battles of this year's election, people are being forced to the conclusion that those in power are not to be trusted. We are in a group that is perceived to be in power (although most of us feel nothing but powerless) and so there is a natural inclination to question our motives. Managed care, the Clinton administration, the Institute of Medicine report, Medicare's abuse of the word "fraud" and the current malpractice jackpot system all contribute to the decline. What can we do to fix it in our own lives and profession?

Here's my answer: **Don't play their game.**

I mean it. We cannot win against these forces when we play their game. I want all of us to close our eyes and say it, just once. **I am going to see the patients who value my services enough to pay me for it.** There, we did it! Why wouldn't we expect payment for services just like a barber, or a plumber, or a lawyer? I have faith in the American people. I think most Americans can weigh the importance of screening exams and preventive medicine versus life's other priorities. Using information readily available they can intelligently manage their own healthcare. Nobody makes decisions for the public on maintenance of their cars. Nobody makes decisions for the public on our nutrition. And nobody would suggest such a thing! In this new system, patients would be empowered by the strength of their own choices and responsibilities. Physicians would once again be valued by and devoted to their patients. Quality physicians would be rewarded by patients willing to pay for their care.

Instead of shying away from this system we should embrace it. The Health Savings Account is the first system to encourage a new thinking about healthcare. Every other answer that I've heard moves us closer to a Medicaid type of system that will ultimately lead to imposed rationing of mediocre medical care.

Our responses to the challenges to our profession have been based on fear. We cannot expect our patients to have responses based on anything we ourselves have not been able to overcome. It is these fear based decisions that have led us to the current deplorable state of medicine. No wonder that the population appears to embrace amendments seven and eight – if we won't stand up for ourselves how can they expect us to stand up for them?

What is the plan of action? My suggestion is to look at your expenses, including malpractice, and actually calculate the cost of every service that you provide. Determine your acceptable profit margin and from that the price that is the minimum you will accept. The next step is to review all of your contracts – those that fail to negotiate to this price are given notice. It is essential to be ok with being an out of network provider. The key is to believe that your services are valuable enough that some people will choose to pay more to see you. Every other business functions in this way. Why else would Neiman's exist when everyone could go to Target?

Once we have regained control in this fashion then we can move forward with confidence and provide the kind of care our patients deserve. Of course, that means giving services at a higher level that makes the experience you provide worth the money. We are called upon to be creative. I find that exciting!

One last question: **When was the last time you were excited about your career in medicine?**

OK. I lied. One more question: **Wouldn't it be wonderful to be excited again?**

## As I Recall...

Roger D. Scott, M.D.

### HAPPY BIRTHDAY

Novembers roll around so fast that now I am celebrating my 46th birthday i.e. of birthdays celebrated in Fort Myers. Surprisingly I don't remember any birthdays of consequence except for the eleventh one that becomes the substance for this article.

We lived in Live Oak, Florida and my 11th birthday present was a trip to Atlanta for a week to visit my brother Frank during his senior year at the Atlanta Southern Dental College. My dearest childhood friend, Gilliam Walton (one year older than I), accompanied me for our first experience with a long trip anywhere by bus. My parents put us on the Greyhound bus in Lake City, Florida to take us to Atlanta. In those days travel was commonly by the slow bus or train as commercial aviation was truly in its infancy. It was a long, long trip to Atlanta as the bus stopped at every small town and would even stop along the highway to pick up or discharge a passenger. It was the first time Gilliam and I had ever been to such a big city. We had ridden streetcars before in Jacksonville but Atlanta had so many more and was a much bigger city with several tall buildings. It was the first time we had ever seen a hook & ladder fire truck, the type where there is a second driver steering the back wheels at the rear end of the long-trailer fire truck. I can still see & hear the sirens of the truck racing down Peachtree Street with the long truck turning a corner with the rear driver turning the back almost independent of the front. The only fire truck we had ever seen before was Live Oak's 1920's LaFrance model with wood wheels with solid rubber tread.

Now my real birthday surprise was for Frank (the first dentist I had ever seen) to place gold crown-inlays on all eight of my extensively carious molar teeth. Frank approached me with a hypodermic needle and novocaine that I absolutely refused to take so consequently all of this complicated dental work was done without any anesthesia. Both Frank (sorrowfully) and I (painfully) suffered greatly, but it all turned out well, as six of the inlays are still present. I'm not sure how I withstood so much pain, but I was so terribly afraid of having a needle! Frank did all the work at the College and the final result was used as his exam for graduation.

Gilliam and I went to Grant Park and saw the Cyclorama; a massive diorama depicting the Battle of Atlanta in the Civil War. Should you ever have the opportunity, go see the cyclorama, as it still remains a great exhibit.

Another great treat was attending a movie at the fabulous Fox Theatre. This was one of the great & majestic theaters built in a Moorish theme with a blue sky with sparkling stars, among the moving clouds. Before the movie began, a magnificent organ and organist arose from the floor in front of the stage and played several songs and on the screen a bouncing ball highlighted the lyrics with the audience singing along. Our favorite movies were usually Our Gang comedies, Laurel & Hardy, Shirley Temple, Three Stooges, etc. (and still are some of my favorites today!).

The week was up and Frank bought us a dozen White Castle hamburgers apiece to eat as he put us on the bus to go home. We made the long bus ride back safely; however, Gilliam developed scarlet fever and was quite sick when we returned.

Continued on Page 2



LEE COUNTY MEDICAL SOCIETY  
BULLETIN  
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MEMBERSHIP ACTIVITY  
Congratulations to James Rubenstein,  
M.D. who was selected as a recipient of  
Saks Fifth Avenue Key to the Cure  
Humanitarian Award 2004. Dr. Rubenstein  
was presented the award October 14, 2004.

Corrections  
The editor for October 2004 Bulletin was  
Mary C. Blue, M.D.

Relocated  
Sam Edwards, M.D.  
HealthPark Commons Outpatient Center  
16201 Bass Road, Suite 301  
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New Practice - Effective 11/17/2004  
Jacob Goldberger, M.D.  
13685 Doctors Way, Suite 210  
Fort Myers, FL 33912  
Phone: 239-274-7600  
Fax: 239-274-7601

2005 LCMS DUES HAVE  
BEEN MAILED OUT  
Check your mail we will be sending out  
second requests for LCMS Dues in  
November.  
Please let us know if you will need to  
make payment arrangements by calling our  
office at 936-1645.

MAY A HEALTH CARE  
PROVIDER DISCLOSE PARTS  
OF A MEDICAL RECORD  
THAT WERE CREATED BY  
ANOTHER PROVIDER?  
Question - A provider might have a patient's  
medical record that contains older portions of  
a medical record that were created by another  
previous provider. Will the HIPAA Privacy  
Rule permit a provider who is a covered  
entity to disclose a complete medical record  
even though portions of the record were  
created by other providers?  
Answer - Yes, the Privacy Rule permits a  
provider who is a covered entity to disclose a  
complete medical record including portions  
that were created by another provider,  
assuming that the disclosure is for a purpose  
permitted by the Privacy Rule, such as  
treatment.

LEE COUNTY MEDICAL SOCIETY  
NOMINATIONS FOR 2005 OFFICERS  
The following slate of nominations for the 2005 officers of the Lee County  
Medical Society is presented for your consideration. The membership will  
vote at the November 18, 2004 general membership meeting. If you wish to  
nominate someone else for an office, please be sure to have that person's  
approval before nominating him or her from the floor.

PRESIDENT ELECT  
SECRETARY  
TREASURER  
MEMBERS-AT-LARGE:  
GRIEVANCE COMMITTEE CHAIRMAN:  
COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS:  
3-Year Appointment (2007)  
FMA DELEGATES  
ALTERNATES:

Julio L. Rodriguez, M. D.  
Dean Traiger, M. D.  
M. Erick Burton, M. D.  
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)  
R. Thad Goodwin, M. D.  
William F. O'Brien, M. D., Chair  
David Gutstein, M. D. (2007)  
Lowell Hart, M. D. (2007)  
Jeremy Schwartz, M. D. (2007)  
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.  
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.

PREVIOUSLY ELECTED MEMBERS OF THE LCMS BOARD OF  
GOVERNORS:  
2005 PRESIDENT - Richard Murray, M. D.  
2004 PRESIDENT - Douglas Stevens, M. D.

MEMBERS-AT-LARGE:  
Trevor Elmquist, D. O. (2005)  
Larry Hobbs, M. D. (2005)  
Raymond Kordonowy, M. D. (2005)

PREVIOUSLY ELECTED MEMBERS OF THE COMMITTEE ON  
ETHICAL AND JUDICIAL AFFAIRS:  
Michael Kim, M. D. (2005)  
Susanna F. Beshai, M. D. (2006)  
Chaim Jay Margolin, M. D. (2005)  
John J. Green, M. D. (2006)  
P. Jeff Richards, M. D. (2005)

A NEW REVISED FLORIDA DEATH CERTIFICATE  
Ken Jones, Deputy State Registrar  
Department of Health, Office of Vital Statistics  
Vital Statistics will be implementing a new Florida revised death certificate in January  
2005.  
The State Office of Vital Statistics would also like you to know that we assembled  
workgroups with representatives from Florida funeral director associations, the Medical  
Examiner Commission, Board of Funeral Directors, Florida Medical Association, &  
Florida Hospital Association. Presentations were made to their annual conferences.  
Associations have agreed to run articles on the revision of the form in their fall  
publications. All of this has been done with the intent of keeping our partners in death  
registration informed of the changes that were coming.  
We would like some assistance from our Local Registrars, especially those who are  
members of their local or regional medical societies. A brochure for physicians, outlining  
some of the changes on the record, has been developed & will be mailed to physicians  
throughout Florida in early November. The Florida Hospital Association has agreed to run  
an article in the October issue of their publication as well as to include information in their  
bi-weekly newsletters later in the fall. If there is any way you can assist with getting the  
word to physicians within your community about this important news, we would greatly  
appreciate it. If you can think of any other way to reach this audience, please let us know.  
It is important that all the players in the death registration process be up to date & informed  
in order to make a smooth transition from the old to the new.  
The following is a brief listing of some of the changes on the revised FLorida Death  
Certificate:  
New Items  
Informant's Relationship to Decedent  
License Number of Certifier  
Did Tobacco Use Contribute to Death?  
If Transportation Injury  
Modified Items  
Place of Death  
Marital Status  
Method of Disposition  
Certifier Information  
Probable manner of death  
Time of death and time of injury  
Disposition  
If you have any questions or suggestions, please  
contact Sharon Dover at (904) 359-6900, extension  
1021.  
Thank you for your continued support.

LEE COUNTY MEDICAL SOCIETY  
ALLIANCE NEWS  
Ann Shah, PhD, and Karma Marino, PhD, Co-Presidents  
"Stride Right" Wins FMAA Award  
The LCMSAF's inaugural "Stride Right: A  
Fitness for Life Program" was an overwhelming  
success! "Stride Right" won first place for Youth  
Oriented Program as part of the 2003-2004 FMAA  
Awards of Excellence, which will be presented at the  
rescheduled Annual Meeting being held at the Gaylord  
Palms Hotel in Orlando on November 18.  
"Stride Right" received tremendous attention  
and support from the community, and was well received  
by both teachers and students at Diplomat Elementary  
School, where we look forward to conducting the  
program again this Fall.  
In addition, we'll be introducing "Stride  
Right" to a second school this year. Students at Villas  
Elementary School in Fort Myers will also be learning  
first hand about the advantages of a healthy lifestyle in  
2005!  
We are looking for sources of nutritious snack  
donations for both locations. Please contact Ann Shah at  
482-7854 or Karma Marino at 561-7186 to find out how  
you can help to make this a sustainable program for the  
benefit of all Lee County students and their families.

Betty Rubenstein Wins FLAMPAC Award  
Please join us in congratulating Betty  
Rubenstein on her receipt of the 2004 Florida Belle  
Chenault Award! This award is given by the Florida  
Medical Political Action Committee (FLAMPAC) in  
"recognition of her dedication of time and talent in  
assisting friends of medicine in their quest for office  
and her ongoing involvement obtaining MD 1000 Club  
Alliance members."

AMA Foundation "Holiday Sharing Card"  
Share the warmth this holiday season by  
participating in the AMA Foundation's "Holiday  
Sharing Card." For a tax-deductible donation of \$50 or  
more, your name will be listed with other contributing  
members on a special greeting card that will be sent to  
all Lee County Medical Society Alliance families in  
time for the holidays.  
You choose the medical school that will  
receive your generous contribution. All funds go  
directly to the AMA Education, Research and Service  
Scholarships that support our medical schools and  
aspiring physicians.  
Please see the enclosed flier, or contact  
Christina Prendiville at 466-9909 to find out how to  
make your donation to the AMA Foundation by  
November 26. Help foster the spirit of the season while  
making an investment in the future of quality  
healthcare.

As I Recall Cont. from page 1  
Perhaps I was immune to the Streptococcus, as I  
remained disease-free. To this day, no other birthday  
has been so eventful or painful.  
Twenty years later in November 1958 as I  
celebrated my "first" birthday in Ft. Myers, the  
parents of another 11-year-old November child knew  
that someday their son would become a major  
executive or maybe even President of the United  
States, but I bet little Jimmy Nathan (soon to be 12  
on November 23rd) had less "lofty" thoughts  
regarding his future. Years later (1975) maturing Jim  
Nathan (along "with wife Karen and their shaggy  
dogs") appeared at Lee Memorial to begin a year's  
training for his Masters in Hospital Administration-  
to add to his Masters in Finance & Management.  
John Gadd said Jim was the best of the twelve  
administrative interns he had trained so Jim stayed  
on the L.M.H. staff and in 1980 became our chief  
when John Gadd departed. Jim stated that he was  
"looking forward to meeting as many of the  
members of the staff as possible", and I think that  
statement sums up largely why he has become such  
a legend. Happy Birthday to you also old Jim!  
This article is lovingly dedicated to the memory  
of my loving brother, Francis Thurber Scott, D.D.S.

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**NEW MEMBER APPLICANTS**  
**Application for Membership**

**RICHARD A. BOOTHBY, M.D. – GYNCOLOGIC ONCOLOGY**  
*Medical School:* University of South Florida, Tampa, FL (1977-80)  
*Internship & Residency:* University Hospital, Jacksonville, FL (1980-85)  
*Fellowship:* Hospital of the University of Pennsylvania, Philadelphia, PA (1974-77)  
 Dr. Boothby is in practice with Florida Gynecologic Oncology at 3501 Health Center Blvd #2190, Bonita Springs, FL 34135.



**JUDITH KRAMMER, M.D. – MATERNAL FETAL MEDICINE**  
*Medical School:* Semmelweis Orvostudományi Egyetem University of Medicine, Budapest, Hungary (1976-82)  
*Internship:* Albany Medical Center, Albany, NY (1985-89)  
*Residency:* Berkshire Medical Center, Berkshire, MA (1982-85)  
*Fellowship:* University of South Florida, Tampa, FL (1990-92)  
 Dr. Krammer is in practice with Maternal Fetal Medicine of Southwest Florida at 9981 HealthPark Circle, Fort Myers, FL 33908.



**OTTO J.N. KUNST, M.D. – DIAGNOSTIC RADIOLOGY**  
*Medical School:* University of Miami, Miami, FL (1968-71)  
*Internship:* Jackson Memorial Hospital, Miami, FL (1971-72)  
*Residency:* Jackson Memorial Hospital, Miami, FL (1972-75)  
 Dr. Kunst is in practice with Radiology Regional at 3680 Broadway, Fort Myers, FL 33901.



**MICHAEL M. LEWIS, M.D. – OPHTHALMOLOGY**  
*Medical School:* St. Louis University, St. Louis, MO (1996-2000)  
*Internship:* Methodist Hospital, Indianapolis, IN (2000-01)  
*Residency:* Indiana University Dept. of Ophthalmology, Indianapolis, IN (2001-04)  
 Dr. Lewis is in practice with Eye Health of Fort Myers at 6091 South Pointe Blvd., Fort Myers, FL 33919.

**MEDICAID TO INCREASE REIMBURSEMENT RATES FOR PEDIATRIC SPECIALTY PROVIDERS**

The Agency for Health Care Administration (AHCA) announced that pediatric specialists who serve Medicaid children will receive a reimbursement rate increase to ensure necessary and life-saving health care services are available to Florida's most vulnerable children. The 24 percent rate increase, passed by the 2004 Legislature, will be given to certain physician specialties who provide care to children under 21 and are difficult to recruit as Medicaid providers.

"Protecting the health of children is a priority of the Governor and this Agency," said AHCA Secretary Alan Levine.

"If children do not have access to health care services, their health problems will worsen. This progression may ultimately result in a lower quality of life. The stress to families and the health care system as health problems become more complex is a burden we are striving to avoid by encouraging pediatric specialty providers to participate in the Medicaid program."

The fee increase will be applied to certain pediatric specialties, including cardiology, orthopedics, neurology, neurosurgery and oncology. The provider types were selected based on recent claims data, input from Medicaid stakeholders and the ability of Medicaid children and their families to access these services in a timely fashion.

"Reimbursement increases in Medicaid have been a top priority of the Florida Medical Association over several years. This rate increase moves the state in the right direction," said Sandra Morham, Florida Medical Association Executive Vice President and Chief Executive Officer.

"The Legislature recognized and responded to a need in the Medicaid program," added Levine. "The continued growth in the Medicaid budget did not allow fee increases to all Medicaid providers. The growth also continues to force Florida to make difficult choices each year in Medicaid funding. Florida will continue to work on Medicaid reform to create a system that will better serve beneficiaries and providers while maintaining accountability to taxpayers."

Working to improve access to affordable, quality health care to all Floridians, the state Agency for Health Care Administration administers Florida's \$14 billion Medicaid program, licenses and regulates more than 32,000 health care facilities and 28 health maintenance organizations, and publishes health care data and statistics.

**THE SOCIAL SECURITY ADMINISTRATION'S DISABILITY PROGRAM AND ITS NEW ELECTRONIC SYSTEM**  
**"HELPING YOU, HELPING US, HELPING PATIENTS"****Program Description**

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. The SSDI and SSI programs are the two largest federal programs providing cash assistance to people with disabilities. More than 740,000 Floridians receive almost \$6 billion annually in disability benefits.

**Definition of Disability**

The law defines disability as the "inability to engage in any substantial gainful activity [work] by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" (Social Security Act 223(d)).

**The Disability Determination Process**

Disability claims are processed through a network of local Social Security field offices and State agencies, usually called Disability Determination Services, or DDSs. SSA representatives in the field offices obtain applications for disability benefits then send the case to the state DDS for evaluation of disability. The DDSs are responsible for developing medical evidence and rendering the initial determination on whether the claimant is or is not disabled under the law.

**The Role of the Health Professional**

Health professionals play a vital role in the disability determination process and participate in the process in a variety of ways. As treating sources they provide medical evidence about the nature and severity of an individual's impairment(s). Currently, most disability claims are decided on the basis of medical evidence from treating sources. The Social Security Act places special emphasis on evidence from treating sources because they are likely to have the most current and complete medical records. Information from treating sources accelerates the processing of the claim because it greatly reduces or eliminates the need for additional medical evidence to complete the claim. All medical records and reports received are considered during the disability determination process.

**SSA Plans for a Paperless Process**

The Electronic Disability System (eDIB) is a major SSA initiative that moves claims adjudication to a paperless electronic business process. An electronic disability folder (EF) will consist of information that is keyed into data entry fields and images of documents that have been scanned or faxed, and electronic forms that have been uploaded to the EF as images. Since medical evidence dominates the disability folder, it makes sense to obtain that evidence in an electronic format whenever possible. If records do come in a paper format, the paper records will be digitally scanned into the electronic folder. Transferring documents electronically will mean substantial savings for both providers and SSA.

**Provider Options for Submitting Medical Evidence**

SSA recognizes that providers have a wide range of capabilities and needs, so it has built a flexible set of secure, HIPAA compliant processes to obtain records electronically. For medical doctors the following two options are available:

**Fax** - Use your office fax to send records any time day or night. The first page of the fax must be the bar coded request letter from the State disability determination services (DDS). The faxes are retained in a digital format for claims processing.

**Secure Web - Single Case (via eData)** - You can transfer records through the SSA eData Services web site using your existing Internet connection. The only software needed is a Web browser. You enter a small amount of case information from the DDS request letter, then attach the electronic data - scanned paper records, a report generated by your electronic records system, or a report typed in your favorite word processor (Word, WordPerfect, etc.) Or create a new report online. (This option requires a User Name and Password supplied by SSA.)

**How Does This Electronic Process Benefit Healthcare Providers?**

No need to photocopy the records.

No need to prepare photocopied records for mailing.

Faster payment for the records you send electronically.

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**3RD QUARTER STD REPORT AND NOTE ON QUINOLONE RESISTANT  
GONORRHEA**Mike Barnaby, Public Information Officer  
Lee County Health Department

Cases of Sexually Transmitted Diseases reported to the Lee County Health Department for the months of June, July and August 2004:

Chlamydia	257
Gonorrhea	152
Early Syphilis	2
Late Syphilis	5
Congenital Syphilis	0

Dr. John Agwunobi, Secretary of the Florida Department of Health is requesting that health care providers stop prescribing fluoroquinolone treatment in patients infected with gonorrhea who meet the following criteria;

- Have traveled to Asia, Pacific Islands, Hawaii, California, Washington State, New York and/or Massachusetts during the past 60 days, or who have sex partners who traveled to these locations;
- Are men who have sex with other men; or
- Are symptomatic patients who were treated during the previous 60 days.

Recommended treatment options for patients meeting the above criteria include injectable antibiotics Ceftriaxone 125-mg IM and Spectinomycin 2-g IM.

Our present level of nearly 2% resistant specimens from Miami-Dade County warrant specific treatment and surveillance changes within Florida. Therefore, Florida Department of Health has also implemented expanded active surveillance activities to detect further spread of resistant strains to the following at-risk counties: Broward, Duval, Hillsborough, Palm Beach and Pinellas.

While Florida has not seen the dramatic increase in the number of resistant gonorrhea cases seen in other areas of the country, recent specimens submitted from Miami to CDC indicates that almost 2% were resistant to fluoroquinolones. Of noteworthy significance is that the majority of these resistant specimens were from heterosexual males. Although this percentage may not seem excessive a single resistant case is a concern when you consider that almost 19,000 persons in Florida were infected with gonorrhea last year and that only about 150 specimens from Miami were submitted for drug resistant testing under routine surveillance activities.

**DR. YANK COBLE TAKES HELM AT WORLD MEDICAL ASSOCIATION**

AMA Past President, Yank D. Coble, Jr., M.D., in October was inaugurated as the 2004-2005 President of the World Medical Association (WMA) at the WMA General Assembly in Tokyo. The organization represents more than 8 million physicians from 80 countries.

"All of you have given me opportunities to work hard for a worthy cause: to seek – and to strive for – the best health care for the people of the world through the pursuit of the highest standards of medical care, medical education, medical ethics and medical science," Dr. Coble told the assembly during his inauguration, address, recognizing the many individuals and organizations that have helped him during his career.

He emphasized the need for increasing access to care, uniting physicians worldwide, promoting ethics and maintaining a strong commitment to science during his speech before more than 400 WMA delegates from 40 countries.

An endocrinologist from Neptune Beach, FL, Dr. Coble served as the 157th AMA president in 2002-2003. In 1994, he was elected to the AMA Board of Trustees and, in addition to other leadership positions, served as president of the AMA Foundation.

**FLORIDA'S IMPAIRED PRACTITIONER PROGRAM (PRN)  
PART III**

The first part of this article dealt with the *History of PRN*, *Confidentiality of the program*, and *How PRN becomes involved*. Part II dealt with *Monitoring of treatment progress while under PRN contract*, *HIV Infection*, and *The Family Component*.

**Education**

The Medical Director of PRN is responsible for educating the public and other professionals about the myriad of conditions that affect health care practitioners. He travels around the state lecturing at medical schools, universities, training programs, hospitals, medical societies, and other groups of concerned citizens. In this regard, often the Florida Medical Foundation and PRN attempt to further the public awareness about professionals who might be ill, in order to improve early identification and offer a confidential process for rehabilitation and monitoring.

**Quality assurance and effectiveness of the PRN system**

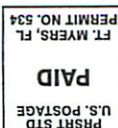
PRN reports to the Department of Health on a monthly basis. In addition, PRN also must comply with performance measures that are reported to the Department of Health on a quarterly basis. Each board reviews PRN's work with them for each case presented and the Florida Medical Foundation offers direct oversight of the operation. PRN is also subject to routine and varying audits.

In general, eighty percent of PRN participants, among the varying boards and councils, never relapse over the tenure of chemical dependency monitoring (a statistic much better than any other program). The University of Florida is assisting PRN in performing ongoing research, with the initial findings for medical doctors and doctors of osteopathic medicine revealing that ninety-two percent do not relapse over the five years of monitoring. Similar successes are also found in the other conditions monitored. Therefore, not only does this success result in excellent safety for the public, but PRN is also an excellent vehicle by which ill practitioners can not only become well, but also can be supported in their return to the practice of their profession.

**Funding for PRN**

Physicians and other health care providers are not charged for PRN services. The PRN program has no financial relationship with any treatment program, provider, evaluator, or facilitator. All funding is obtained through the Department of Health, as determined by the State Legislature, from licensing fees and therefore no tax revenue is involved. The program does not provide any medical services – participants pay for their own medical care. A physician loan fund and charitable services are available for those physicians who are without resources. Charitable contributions are welcomed for the physician loan program and the family component of the program.

*This article is continued from October's Bulletin. It was featured in the May-June issue of House Calls the newsletter of the Alachua County Medical Society. It was produced by the collaborative efforts of Dr. Raymond Pomm, Medical Director, Don Wyer, Clinical Administrator, Jane Kalem, Program Administrator; Dr. Yvonne Kennedy, Family Component Coordinator.*



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