LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 28, NO.6 | FORT MYERS, FLORIDA | JOHN SNEAD, M.D. | OCTOBER 2004

UPCOMING MEETING SCHEDULE

GENERAL MEMBERSHIP MEETINGS

NO MEETING IN OCTOBER

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

DECEMBER 6, 2004
HOLIDAY PARTY
VERANDA RESTAURANT
2122 Second Street
Downtown Fort Myers
7:00 p.m.

Inserts

1. TO MY PATIENTS : THE TRUTH BEHIND THE THREE STRIKES AMENDMENT
2. DEMYSTIFYING DISEASE MANAGEMENT/AMA
3. FLYER-AMENDMENT #3 - COPY AND GIVE TO YOUR PATIENTS
4. GOLF TOURNAMENT/ MUSEUM OF MEDICAL HISTORY

In This Issue. . .

As I Recall (cont) 2
Membership Activity 2
FMA President's Report 2
The AMA: Up and Running 2
New Member Applicants 3
FL Impaired Practitioner Program 3
Financial Issues/Retirement Near 4
Where Would We Go? 4

President's Message

AMENDMENTS ARE ON THE BALLOT

Douglas Stevens, M.D.

This month's president message will be the last one before the November elections. One more month to give it all we've got to try to get the public to understand the effects of malpractice on their ability to receive the medical care they need. The advertising campaigns have started. Although we bemoan this nonproductive use of money the reality is this – do we want to frame the debate or leave it to the trial lawyers to do so? At this point the FMA has 4 million dollars while the trial lawyers have 12 million. Although none of us are surprised by this discrepancy (we know where the money is) we must get our message out. If you have not contributed to the Citizens for a Fair Share fund now is the time to do so. I believe that this amendment is our first and best opportunity to really make a difference in the current state of medicine within Florida. Data from California show that the changes that would occur as a result of our amendment represent the number one way to change the malpractice climate. We are not reinventing the wheel here; we are utilizing a proven method to stabilize a runaway system.

We in medicine need a win! We need to regain our sense of excitement and commitment to our profession and to our patients. Yet, our morale has never been lower. At the September medical society meeting we had about 40 people attending. We had an excellent speaker – Dr. Hartner – on a very important topic – response of the medical community through the recent hurricanes. During that meeting I was ashamed that only 2 doctors in Lee County signed up to be available for shelters in the event of emergencies. I was not one of those two doctors. Why is our response so anemic? I think that we all know why. Right now we don't feel connected to ourselves, our profession and to the public. We need to change this. Although there are tremendous forces that have driven medicine to its current condition, I am reminded of the Prayer of St. Francis, "Lord give me the strength to change the things I can and to accept the things I can't."

We can change things – we can change them through our amendment, we can change things through our votes and we can change things with our constant vigilance, involvement and energy. See you next month at our medical society meeting.

LCMS ALLIANCE NEWS

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

FMAA Foundation "Disaster Relied Fund"

With the impact of Charley and Frances felt throughout the state of Florida, the FMA Alliance Foundation has set up a "Disaster Relief Fund" to aid the victims of these recent hurricanes. The Fund provides financial support through grant requests that will serve community medical needs.

If you would like to contribute, please make a check payable to "FMA Alliance Foundation," memo: "Disaster Relief Fund," and send it to: Heide Farmarco, FMA Alliance Executive Director, P. O. Box 10269, Tallahassee, FL 32302. Your donation is completely tax-deductible and will be used for hurricane disaster relief. Please call 850-224-6496 for additional information about the fund, or to find out how to submit a grant request.

There are many organizations in our area accepting donations and volunteers to aid in the disaster relief from Hurricanes Charley and Frances. To learn about other ways you can help, visit http://www.disasterhelp.net/vflorida/.

Volunteers Needed at Polls in November

The LCMSA is planning to assign volunteers to the busiest polls on Election Day to hand out information and to answer questions so that Amendment 3 passes. We need as many volunteers as possible so that we can cover as many districts as possible. If you have a couple of hours on Tues, Nov 2 to help out, please contact Jodi Johnson at Jodikash@aol.com or 540-9616.

Remember to encourage your friends and neighbors to "Vote YES on 3" to limit the outrageous trial attorney fees in medical liability cases. It will ensure that patients who are tragically injured in medical cases get their fair share of liability awards and provide greater access to quality care for patients in Florida. Also tell others to "Vote NO on 7 & 8", the attorney sponsored amendments that will force many physicians to leave Florida and ultimately be detrimental to patient care.

In addition, when you go to the polls, please support the list of FLAMPAC endorsed candidates (http://www.flampac.org/election.asp). We need legislators in office who understand the many difficult challenges faced by our medical family.

Stride Right Update

Our "Stride Right: A Fitness for Life Program" is moving full steam ahead with the addition of a second elementary school this year. Villas Elementary in Fort Myers will be participating along with Diplomat Elementary in Cape Coral. We will be actively working with the School District of Lee County, as well as with the staff of each school to get students moving this year! 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.

As I Recall...

Roger D. Scott, M.D.

LEE MEMORIAL HOSPITAL PART VI 1956-1958

John Gadd (with wife, Beverly, and three young girls) arrived to take over command of Lee Memorial in the fall of 1955. Previously stated were issues to be settled and much progress required to make this a more progressive and up-to-date hospital. One of the first objectives was to create a medical records department, as previously medical records were almost non-existent with only a few scraps of paper representing the patient's record. It was difficult for John to get the older doctors to understand the need for complete records. Already mentioned were young new physicians arriving on the scene: Carver, Bradley, Hopkins, and Barry in 1954. Newer additions in 1956 were Gus Bieber (OBGYN), Jack C.W. Warnock (partly trained orthopedist), GPs Wilson Rumberger & Bill Taylor, and in 1957 were Frank Bryan (Internal Medicine), Leland Glenn (Ophthalmology). James B. Schutt (G.P. FM Beach) and Tom Wiley, Jr. (Pediatrics). Now the number of new physicians almost doubled the size of the old staff and perhaps made some of John Gadd's changes a bit easier.

Soon after John arrived, young Jim Carver thought it would be proper for the "modern" staff to have a CPC (Clinical Pathological Conference where unusual cases or deaths are discussed by the doctors). One of old Dr. W's patients who died was chosen for presentation. The chart consisted of only three sheets: an admission form, some nurses notes, and a few lab slips, but no history, physical, or progress notes. Dr. Carver asked Dr. W to review the chart and then to discuss the case. He said, "Well, I got this 85 year-old gal who I admitted and three days later she just up and died". When asked the cause of death, Dr. W. said "Hell man, that old broad was wore out". I don't think since that time we ever had another CPC at this hospital! Eventually handwritten history, physical exam, operative notes, and progress notes were required, but discharge summaries were not required. (Jim Bradley and I had our own offices type our H&Ps and Operative Notes.).

In July 1958 only three new physicians arrived: Clifford E. Vinson Jr. (Urologist), Joseph K. Isley Jr. (hospital employed Radiologist), and Roger D. Scott (General Surgeon)

There was an emergency generator service for the O.R. and delivery rooms, but sometimes the generator did not come on with a power failure. Such was the situation one day when Tom Wiley (Pediatrician) was assisting me in performing a Ramstedt Pyloromyotomy, a rather delicate operation in a two-week-old baby and at a critical part of the procedure the lights went out, and the generator failed. One flashlight in the operating room was not adequate lighting for this particular case so people ran all over the hospital gathering flashlights and then the operation was successfully completed. During all these years of surgery in this hospital we were required to have a physician assistant for all major cases (almost everything was considered major including appendectomies, hernias, etc) and usually the referring physician assisted. Regardless of how long or major a procedure was, the assistant only received a mere $25. It is truly amazing the dedication these doctors gave their patients.

Cont. 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@lcmsfl.org
Website: www.leecountymedicalsociety.org
FMA: www.fmaonline.org
AMA: www.ama-assn.org
The Lee County Medical Society Bulletin is published monthly, with the June and August editions omitted.

MEMBERSHIP ACTIVITY

New Members
James Cole, M.D.
Ophthalmology

Alejandro Martinez, M.D.
Family Medicine

Richard Macchiaroli, M.D.
Emergency Medicine

Andrew Oakes-Lottridge, M.D.
Family Medicine

Michael Raab, M.D.
Family Medicine

Mauricio Ramirez, M.D.
Infectious Disease

Jeremy Schwartz, M.D.
Orthopedic Surgery

Jerry Thomas, M.D.
Family Medicine

Paul Tritel, M.D.
Internal Medicine

Jeanne Windsor, M.D.
Family Practice

Reactivation
Keith L. Miller, M.D.
Radiation Oncology

(AS I RECALL CONT.) from page 1

In 1958, only a few private rooms were air-conditioned with window units but gradually the entire hospital became air-conditioned mostly with window units. A central supply room was now in existence as well as EKGs, engineering department (Arthur Wells was main engineer), employee's cafeteria, pharmacy, and other modernizing features as time passed.

A private bloodmobile from Miami would occasionally visit Fort Myers for blood donations. Most of the blood obtained was from prisoners in the Lee County Pine Island Stockade and prisoners who gave a pint of blood were paid five dollars plus getting a day off from work (and these prisoners worked hard every day). A further reward for them was to play softball on the city ballpark near the hospital. Some new people moved to town near the ballpark & complained that prisoners were being allowed to be in the vicinity of their children. Consequently, the ballpark became off limits for the inmates so they declined to give blood. This situation prompted LMH's first blood bank to be established by Gadd under the auspices of Dr. Newton Larkum, our first pathologist who came here in late 1955 or early 1956 to update the laboratory and perform pathology. Prior to the establishment of the LMH bank, when blood was needed it had to be obtained from Miami and raced over by Florida Highway Patrol cars. Incidentally blood was segregated and only white blood was given the whites and black blood to the blacks, but the funny thing about it is that nobody could tell the difference between the bloods as they were all red!

Question for the readers: Am I spending too much time on the history of the old hospital and should we just forget about any more or is this of interest?

Note: There were mistakes in the September issue of As I Recall… It was not printed as submitted.

FMA PRESIDENT'S REPORT

Dennis S. Agliano, M.D., New FMA President

Below I have included some salient points from my installation speech that was not given. The full text will appear in the FMA Quarterly in October.

Membership:

I want all of us on the Board of Governors to utilize all medical staff meetings as a chance to update our colleagues regarding what the FMA is doing in their interests and to recruit new members. As we all know, direct communications are the best avenue to accomplish this task. I have asked that our strategic planning committee explore mandatory membership, and other options to increase membership. Our strength lies in our numbers both economically and politically. There are some specialties that lag far behind in FMA membership, yet receive full benefits in the legislative arena. Because of limited dollars, we will have to assess how we spend those dollars in the future, not to be punitive, but out of fairness.

Unity:

We are blessed with great leaders from many specialties and it is my plan to use those talents for FMA unity. United as a group around the FMA, we are a powerful force. We must tear down any remaining barriers of town or gown, hospital-based or community-based, primary care or specialty care. Once we decide on a position for the FMA to take by the democratic process, we cannot let any minority opinions undermine our position. This is fodder for those who would harm the house of medicine.

Reimbursement:

It is time that we start the process of reversing the downward spiral of reimbursements so that physicians are paid at levels commensurate to their training and experience. We must educate our physicians that they should quit abdicating their rights by signing contracts that make them serfs of the system -- as independent contractors they are not employees of MCO's and get few benefits.

Legislation:

As foreign as it is to most physicians, we must all be involved in the political process, both monetarily and otherwise. We must let our colleagues understand that legislators are influenced as much by our financial support to their election as by the worthiness of our cause. The war chest for the FMA to accomplish goals to benefit both doctors and patients is FLAMPAC, the 1000 club and People for a Better Florida. All physicians should contribute every year to these organizations.

This year I want our legislative committee to explore the inequities of the civil justice system regarding medical liability cases. We need to develop a bill that addresses several aspects of this broken system.

Scope of practice:

We must continue to fend off allied health professional's efforts to increase their scope of practice by legislation and not education. We must let our legislators understand that quality and safety are at stake -- that physicians have far more knowledge in diagnosing and managing a patient than any allied health practitioner.

Tort:

In recent years, we have made giant strides toward meaningful tort reform under the leadership of Frank Farmer, M.D., Bob Cline, M.D., and Rick Lentz, M.D., along with the FMA staff and the rest of us. We have made believers in Tallahassee with our tenaciousness and audacity. We must complete this year's task in November with the passage of our constitutional amendment. It is time to tell our colleagues that the time for talking is over--either ante up and come to the dance or forever shut their mouths.

Expert witness:

At the core of all lawsuits is the medical expert witness. Until now there has been no accountability. We at the FMA have no problem with doctors testifying against other doctors, unless they make a sham of the true standards of care on either side of the fence. Let them understand that when appropriate, we will continue to review their testimony if asked. Apparently and for obvious reasons, there are some physicians and attorneys who have a problem with this concept. Let them be aware that we will not be dissuaded nor intimidated by their threats.

Final remarks:

By choice we are a professional family, the descendants of a proud and noble calling from the time of Aesculapius with the medical torch being passed on from generation to generation. It is now our duty and responsibility to carry on this duty for the sake of our posterity. Year in and year out the FMA faces many obstacles, but with your help we will be stronger and united. As was said by my able predecessor, "Failure is not an option." I now say to you that obstacles will spur us on and on and on..

A VERY IMPORTANT MESSAGE FROM THE LCMS REGARDING YOUR MEMBERSHIP DUES

In August 2002, the Florida Medical Association House of Delegates voted to discontinue mandatory dual membership (FMA and LCMS membership),which now allows physicians to have the option to join only one or both Associations. The Florida Medical Association has sent invoices for the FMA dues under separate cover.

LCMS DUES ARE NOT INCLUDED IN THE FMA DUES STATEMENT

The LCMS dues statements will include: LCMS, Public Relations Fund, McCourt Scholarship Fund, Alliance, and LeePAC. Credit card options will be available and is an easy and convenient way to automatically renew your annual dues in the future.

YOU SHOULD HAVE ALREADY RECEIVED YOUR 2005 DUES STATEMENT. PLEASE CONTACT THE LCMS OFFICE IF YOU HAVE NOT RECEIVED YOUR DUES INVOICE

If you have any questions, contact the Lee County Medical Society at 239-936-1645. The Lee County Medical Society is counting on your continued membership and looking forward to serving you and the profession of medicine during the next year.

THE AMA: UP AND RUNNING

Mike Maved, MD, CEO/EVP
American Medical Association

Okay gang - the summer is over, and we are up and running on all cylinders! A sample of activity from Chicago and Washington, DC:

MEDICARE USER FEES FOR PHYSICIAN BLOCKED AGAIN

A provision that would have charged physicians for processing Medicare claims was removed last week from the House appropriations bill for the Department of Health and Human Services. Rep. Mike Bilirakis, Chair, Energy and Commerce Health Subcommittee (R-Fla.), raised a point of order that led to the provision's removal. The AMA has worked hard for several years to block user fees and other provider taxes.

PRESERVING MMA FUNDS FOR EMTALA CASES

For the second time this summer, the AMA led a successful campaign to preserve Medicare Modernization Act funding for physicians and hospitals that treat undocumented aliens. The proposed amendment by Rep. Tom Tancredo (R-Colo.) was defeated on a voice vote. Our Federal Affairs team continues to work with CMS on rules for distributing $250 million per year over the next four years.

SGR RESEARCH FUNDING

Fourteen specialties and six state medical societies have contributed to the recently established SGR research fund. Two research projects are already underway. The first involves writing a legal opinion on regulatory changes that would significantly improve future updates. The second project involves developing empirical evidence to demonstrate how government policies that increase the volume of physician services are not reflected in the SGR formula. Much more work needs to be done, however, because the Medicare Economic Index still does not adequately reflect increases in physician practice costs. Thanks to those groups who have contributed to the fund. For those who haven't, please join us in an extremely important endeavor.

CMA AND AMA URGE SCHWARZENEGGER TO SUPPORT LEGISLATION

The AMA joined the California Medical Association in urging Gov. Arnold Schwarzenegger to sign legislation (S.B.1325) that would protect the independence of medical staff. S.B. 1325 aims to safeguard patient care and patient safety by ensuring that medical staff decision-making is protected from interference by non-medical personnel, such as hospital boards and administration. By granting medical staffs independence from hospital lay-management, S.B. 1325 protects medical staffs, should management make medical decisions that are driven by financial and other non-medical concerns. If Gov. Schwarzenegger signs S.B. 1325, California will be the first state in the nation to have such a law in place and will have laid the groundwork for other states to do the same.

AMA COMMENTS ON MEDICARE PRESCRIPTION GUIDELINES

The AMA recently provided public comment on the United States Pharmacopeia's (USP) draft model guidelines for the Medicare Part D outpatient prescription drug benefit. These draft guidelines recommend drug categories and classes for drug formularies. The Medicare Modernization Act (MMA) authorizes USP to develop such guidelines and gives the Prescription Drug Plans (PDPs) that use them a safe harbor. The AMA raised concerns that USP's draft model guidelines could allow PDPs to omit important classes of drugs from their formularies, such as statins, PPIs, SSRIs and angiotensin II receptor blockers. The AMA urged the USP to allow these classes of drugs to be included in their final guidelines.

AMA NAMED KEY CONSULTANT FOR VOLUNTEER REGISTRY

The AMA was named, with JCAHO, as a key consultant in a Health Resources and Services Administration grant to develop guidelines for the federally authorized "Emergency System for Advance Registration of Volunteer Health Professionals." The project involves the development, implementation and support of guidelines for the creation of state-based registries for medical and healthcare volunteers. Its purpose is to assist medical professionals in volunteering for emergencies and disasters. It would do so by providing verifiable, up-to-date information regarding the volunteer's identity and licensing, credentialing, accreditation and privileging to hospitals and other medical facilities. In an emergency, registries would make it possible to use medical personnel effectively where they are needed.

NEW MEMBER APPLICANTS
Application for Membership

TODD S. ATKINSON, MD – ORTHOPEDIC SURGERY
Medical School: Yale University, New Haven, CT (1994-98)
Internship: Duke University, Durham, NC (1998-99)
Residency: Duke University, Durham, NC (1999-2004)
Fellowship: Massachusetts General Hospital/University of Zurich, Boston, MA/Zurich, Switzerland (2004-05)
Dr. Atkinson is with A. Kagan Orthopedics and Sports Medicine at 8710 College Parkway, Fort Myers, FL 33919.

WILLIAM BRADLEY, MD – GYNECOLOGY/ PRIMARY CARE
Medical School: New York Medical College, New York, NY (1952-56)
Internship: Worcester City Hospital, Worchester, MA (1956-57)
Residency: Flowers/Metropolitan Hospital, New York, NY (1957-60)
Dr. Bradley is in solo practice at 12601 World Plaza Lane, Ft Myers, FL 33907.

STEVEN GUTERMAN, MD – DIAGNOSTIC RADIOLOGY
Medical School: George Washington University, Washington, DC (1984-89)
Internship: Washington Hospital Center, Washington, DC (1989-90)
Residency: University of Medicine and Dentistry, Newark, NJ (1990-94)
Fellowship: Georgetown University Medical Center, Washington, DC (1994-95)
Dr. Guterman in with Radiology Regional Center, PA 3680 Broadway, Fort Myers, FL 33901.

EDWARD LAMOTTA, MD – FAMILY PRACTICE/EMERGENCY MEDICINE
Medical School: University of Minnesota, Minneapolis, MN (1969-73)
Internship: St. Paul Ramsey, University of Minnesota (1973-74)
Residency: St. Paul Ramsey, University of Minnesota (1974-77)
Dr. Lamotta is with Health Park of the Islands at 1699 Periwinkle Way, Sanibel Island, FL 33957

SAURABH N. PATEL, MD – OPHTHALMOLOGY
Medical School: Robert Wood Johnson Medical School, Piscataway, NJ (1995-99)
Internship :Washington Hospital Center, Washington, DC (1999-2000)
*Residency:*John Hopkins Wilmer Eye Institute, Baltimore, MD (2000-03)
Fellowship: John Hopkins Wilmer Eye Institute, Baltimore, MD (2003-04)
Dr. Patel is with Retina Health Center at 2675 Winkler Avenue #205, Fort Myers, FL 33901.

PAUL A. RASKAUSKAS, MD – OPHTHALMOLOGY/RETINA-VITREOUS
Medical School: Duke University School of Medicine, Durham, NC (1982-86)
Internship: Faulkner Hospital, Boston, MA (1986-87)
Residency:Wills Eye Hospital, Philadelphia, PA (1987-90)
Fellowship:University of Miami/Jackson Memorial Hospital, Miami, FL (1990-91)
Dr. Raskauskas is with Retina Consultants of SWFL at 2668 Winkler Avenue, Fort Myers, FL 33901.

ATTN Health Care Workers

As first responders to our patients do you have your flu shot?
After four hurricanes our patients will be stressed and fatigued.
We need health care personnel to be ready.
Please get your flu shots.
Contact the Lee County Health Department at **(239) 332-9601**.

MEDICATION DONATIONS

The Lee County Medical Society collected a myriad of medications for St. Vincent de Paul Community Pharmacy in Charlotte County. The samples and medications were gratefully received by the Pharmacy.

We would like to thank the following physicians for their contributions:

Dr. Guillermo Bohm
Dr. John Cossu
Dr. Paul Driscoll
Dr. Gerardo Gamez
Dr. Jerry Kantor
Dr. Richard Murray
Dr. Douglas Stevens
Dr. Linda Yarris-Ewert
Dr. Evelyn Kessel
Dr. Brent Myers

FLORIDA'S IMPAIRED PRACTITIONER PROGRAM
PART II

The first part of this article dealt with the History of PRN, Confidentiality of the program, and How PRN becomes involved. Part III will deal with Education, Quality assurance and effectiveness of the PRNsystem, and Funding for PRN.

Monitoring of treatment progress while under PRN contract

Participants with the diagnosis of chemical dependency and substance abuse must submit to random drug testing while under a PRN Contract. They are required to call an 800 number between the hours of 5 am and 1 pm daily to see if they have been selected to submit a specimen. This testing is on urine that the participant must submit that day. Testing is more frequent in the earlier months and years of the contract, but occurs never less than monthly for the duration of a 5-year contract. The frequency of testing may be increased for various reasons during the course of monitoring.

To ensure adequate, cost-effective, and comprehensive behavioral monitoring, PRN has developed a network of local facilitated group meetings held throughout the state. Experienced individuals in the addiction or mental health field facilitate these groups, which meet weekly. The groups are self-supporting; the participants pay a very reasonable fee for the facilitator's time. The facilitators are all approved by and accountable to PRN. In addition to its monitoring functions, the group assists the practitioner in forming a bond within the recovering professional community.

This network approach has also been an extremely successful method for early detection of impending problems among the group members. The advantage of this system is the constant interaction between participants in the PRN program and the facilitators who send quarterly (or more often) reports to PRN on each practitioner's progress and recovery.

Psychotherapy or medication management may be recommended for chemical dependency and/or psychiatric conditions. PRN does not direct the treatment process, but requests that psychiatrist and/or therapists report on progress at a minimum of quarterly intervals. If the participant fails to show progress, discontinues psychiatric medication, alters therapy or becomes impaired, the psychiatrist and/or therapist are expected to immediately notify the PRN.

In the unfortunate circumstance of a participant not showing progress or refusing to comply with monitoring requirements, the case may be turned over to the DOH/Board of Professional Regulation. This feature can be a powerful motivational factor for impaired practitioners who are firmly entrenched in their denial system. If PRN becomes aware of and validates a complaint that concerns a matter of immediate and serious threat to the health, safety, and welfare of the public and the professional refuses to refrain from practice and receive the necessary rehabilitation, the Medical Director of PRN will request an emergency suspension of the professional's license by the Secretary of the Department of Health.

HIV Infection

In 1993, the Physicians Recovery Network expanded services to provide specialized assistance, support, and monitoring for HIV-infected healthcare practitioners. The expansion of services was in response to both the Center for Disease Control's "Recommendations for Preventing Transmission of HIV and HBV to Patients during Exposure-Prone Invasive Procedures" and the fact that HIV illness may cause cognitive impairment affecting patient care. The system is an application of methods used by the PRN program in the assistance of healthcare practitioners with similar conditions that may be associated with social prejudice (e.g., substance abuse/psychiatric illness). The HIV-infected healthcare practitioner is to be served without bias, prejudice or discrimination.

Once the HIV-infected practitioner is identified to PRN, a multi-disciplinary evaluation is requested including general medical, infectious disease and psychiatric evaluation with neuropsychological testing. The assessment is reviewed by an expert panel that includes PRN staff, infectious disease specialists, psychiatric, state health officials, institutionally-based infection control members, psychologists, Florida Hospital Association members and members representing the specialty of the practitioner. The panel also evaluates the practitioner's work place setting. Recommendations are made by the panel regarding safety to practice, practice parameters, and ongoing monitoring requirements that are included in a specialized contract the practitioner establishes with PRN.

The Family Component

To assist family members of the ill practitioner, PRN has developed the Family Component. The Coordinator of the component is available for families to help them deal with problems and stress often found as they live with the impaired practitioner who is chemically dependent suffering from mental or emotional illness and/or other types of impairment. This program also offers intervention assistance, treatment referrals and continuing care to family members.

A tri-network therapeutic group support system was developed in the larger metropolitan areas of the state to assist family members in developing coping strategies to enhance living in a recovery environment

The Family Component Coordinator also conducts outreach in the form of lectures regarding "Family Dynamics in a Chemical Dependent Family" at medical health professional seminars and conferences throughout the state.

This article is continued from September'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.

FINANCIAL ISSUES AS RETIREMENT DRAWS NEAR

Sandra Washburn, Financial Consultant

After years of saving and planning for retirement, you may be relieved and excited to realize that you can finally afford to stop working. Careful planning in the months leading up to retirement can ensure a smooth transition from employee to retiree. The following are some guidelines to consider as you work with your investment professional to make the transition run as smoothly as possible.

Reduce or eliminate your credit card debt.

A high balance on a credit card can translate to a monthly bill of several hundred dollars. Paying that bill will require you to withdraw more from your investments each year – and potentially deplete your nest egg faster. You'll probably never regret eliminating the burden of a high credit card balance – even if doing so requires you to stay in the work force a few extra months.

Get advice on how to take payouts from your pension plan.

Today, defined contribution plans, such as 401(k) plans, have become more popular than traditional pensions, which pay a fixed amount every month. But if you work for a company that still offers an old-style pension plan, you may have a choice about how your monthly benefit will be calculated. For example, if you are married, the normal benefit will be based on the joint life expectancy of you and your spouse, but other options such as a monthly benefit based on only your life expectancy may be available if your spouse gives consent.

Generally, the option based on a single life expectancy will offer a higher monthly benefit, and the option that will provide lifetime income for you and your spouse will provide more security. While you and your spouse may be tempted to make this choice between larger payments and greater safety yourselves, it is best to review the calculation method that is best suited to your overall needs with your investment professional.

Carefully weigh your options for handling your mortgage.

If you're about to receive a large, lump-sum distribution from your retirement plan, you may be tempted to use a portion of that money to pay off your house. Doing so could reduce your monthly bills substantially. But, it would be worth your while to consult with one of your advisors on this decision. If you have a number of years remaining on your mortgage, a good portion of the monthly payment probably goes to interest. The interest deductions you can claim each year may provide you with considerable tax benefits.

Ease your way into your new lifestyle.

When you are ready to embark on a new phase of life, you may feel it's time to leave your old lifestyle behind. But when making a dramatic change, such as selling your house and moving to another part of the country, take a gradual step. Trying on the new lifestyle before you commit (such as renting) can help reduce the odds you will later regret your decision.

Develop an appropriate asset allocation strategy for your investments.

A generation ago retiree's would shift most or all of their assets into conservative instruments such as bonds because these investments could provide the current income and principal stability they needed. But with earlier retirement ages and longer life spans, today's retiree's often need the principal growth that stocks historically have provided. You are probably best served by following a disciplined diversification strategy that involves three basic principles:

Allocate across the major asset classes – stocks, bonds and cash

Diversify among the various classes to gain exposure to various investment styles, such as value and growth, and market sectors, such as government and corporate bonds

Rebalance your investments on a regular schedule to ensure that you maintain your desired allocation

Select which accounts you will withdraw from first.

As a general rule, if you're under age 70 ½, you will want to withdraw money from your taxable accounts first. For example, taking money out of a stock fund you've invested in on your own will allow you to keep deferring taxes on the earning in any IRAs you own. This general rule may or may not apply to you, so you will want to check with your investment professional to determine what is best.

Balance your income needs with your estate-planning goals.

Any dreams you have of leaving a financial legacy for your children will also affect the retirement planning decisions you make. Money left in an IRA, for example, could bring greater tax consequences for your children than money in taxable accounts would. Here again, the common wisdom of tapping taxable accounts first might not apply because, in the interest of reducing the tax burden on your children, you may prefer to take money out of your tax-advantaged IRA before touching your taxable accounts.

In yet another scenario, some retiree's may find they could use their IRAs to create a legacy spanning several generations of their family, using a "Stretch IRA." If you have substantial assets in an IRA and don't need to tap the entire amount to meet your living expenses, you may be a candidate for this technique.

The job of planning for retirement never ends. Each year, you'll want to check in with your investment professional to make sure your financial plan is performing as expected. Still, those decisions you make in the final months leading up to retirement will have a considerable impact. Get them right and you are far more likely to be one of those retiree's who can honestly proclaim that retirement is all you've ever dreamed of. Securities are offered by, and Investment Officers are registered with, First Citizens Investor Services, Inc, Member NASD/SIPC. First Citizens Investor Services is a non-bank subsidiary of First-Citizens Bank & Trust Company. Securities offered by First Citizens Investor Services (1) are not bank deposits;(2) are not insured by the FDIC;(3) Are not obligations of, or guaranteed, by First Citizens Bank, IronStone Bank, or First Citizens Investor Services; and (4) involve investment risk, including fluctuations in value or return and the possible loss of principal invested. This article was provided by Brenda Dolan, Vice President of IronStone 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. Paid Advertisement.

WHERE WOULD WE GO?

Michael Caputo, M.D.

Where would physicians turn when they needed to voice an organized opinion? Where would we go when we needed to talk to others about current topics of interest, learn about new treatments for our patients or new modalities for diagnosis?

Where would we go to learn about other physicians in our community and their areas of expertise? Where would we go to find out who might be accepting new patients or to list our own practices in a referral database?

Where could our patients go if they had a question about a certain physician or credentials, or if they wanted to air a grievance?

Where would I go as one local doctor to have my voice heard at the state and national level, and in turn have the ear of the legislators so they would understand my point of view regarding important issues affecting the practice of medicine and my ability to earn a livelihood?

Where would I go if I were a new physician in the area and needed help establishing a practice, obtaining a referral base or setting up important office needs such as insurance or workers' compensation programs?

Where would we go if there were no Lee County Medical Society or Florida Medical Association?

Every physician in our community should ask these questions. Although some may say others will take care of these issues for me, but what would happen if everyone thought this?

Please become a member of the LCMS and FMA today and encourage your peers to do so, as well. It is vitally important for you and for all physicians to band together so that we can be heard as a unified voice. If we do not, other interests will do so and they will be determining how we practice medicine in the future. Then, where will we be?

Dr. Caputo is Secretary of the Collier County Medical Society and Chair of their membership Committee. He also serves as a delegate to the FMA. This article was adapted from an article in The Forum the newsletter of the Collier County Medical Society.

LEE COUNTY MEDICAL SOCIETY
P.O. BOX 60041
FORT MYERS, FL 33906-0041

PRSRT STD
U.S. POSTAGE
PAID
FT. MYERS, FL
PERMIT NO. 534

General Membership Meeting
NOVEMBER 18, 2004
Royal Palm Yacht Club