

"True terror is to wake up one morning and discover that your high school class is running the country."

- Kurt Vonegut

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 28, NO.5

FORT MYERS, FLORIDA
MARY C. BLUE, M.D.

SEPTEMBER 2004

UPCOMING MEETING SCHEDULE

GENERAL MEMBERSHIP MEETINGS

THURSDAY, SEPTEMBER 23, 2004

SPEAKER: Judith Hartner, M.D. &

Special Speakers

TOPICS:

Hurricane Charley, How Did We Do?

Preparing For Biochemical Disasters.

Royal Palm Yacht Club

2360 West First Street

Downtown Fort Myers

6:30 p.m.

THURSDAY, NOVEMBER 18, 2004

Royal Palm Yacht Club

2360 West First Street

Downtown Fort Myers

6:30 p.m.

MONDAY, DECEMBER 6, 2004

HOLIDAY PARTY

VERANDA RESTAURANT

2122 Second Street

Downtown Fort Myers

7:00 p.m.

Inserts

- 1 GENERAL MEMBERSHIP MEETING NOTICE
- 2 LEE COUNTY SOLID WASTE DIVISION SERVICES
- 3 FLORIDA UROLOGY PHYSICIANS - OFFICE SPACE AVAILABLE
- 4 TAX - ADVANTAGED MEDICAL CARE
- 5 CIGNA SETTLEMENT

Daniel R. Schwartz, M.D. will be leaving Lee County and moving to New Jersey. He has been co-editor of the Bulletin since 1995. He has been serving our community with Southwest Florida Heart Group since August 1990. Farewell Dr. Schwartz, we wish you well in your endeavors.

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President's Message

AMENDMENTS ARE ON THE BALLOT

Douglas Stevens, M.D.



By the time you all read this you will have heard that the FMA amendment to the Florida state constitution has been accepted by the Supreme Court for inclusion on November's ballot. This victory represents the first time that physicians have been able to proactively accomplish something that will improve the current malpractice situation in this state. It has the potential to benefit our patients by improving access to medical care. In addition, those patients who suffer as the result of medical mishaps will receive a much larger share of the funds, which we work so hard and pay so dearly to provide. All of this is very good for the patients of Florida. Our victory was accomplished without support from the business community here in Florida as they cowered under the threat of retaliation from our adversaries. Our resolve and the justice of our cause are now on record.

I would like to thank all of you who worked so hard to collect petitions over the past year. I know how hard it is to collect petitions on top of an already time intensive schedule. Special thanks to the incredible folks at the Lee County Alliance - this organization continually demonstrates why it is winning national recognition for its accomplishments. Our amendment has the most individually obtained signatures of any amendment to make a ballot in the history of the state of Florida. I do believe that our patients understand the issues. We will need to keep the message clear and very visible as the war chest of money waiting on the other side of the issue will soon show in advertisements designed to obscure the real issue. Please donate to the Citizens for a Fair Share. Donations are suggested in the \$500-\$1,000 range. Trust me, this is the best investment you could make and the first time that you have a chance to do something to improve the current liability mess.

Finally, the amendments proposed by the Trial Bar have also made the cut and will appear on the ballot. They removed the one regarding payments to physicians because everyone realizes that we are providing under funded and non-funded care that would discontinue had that amendment passed. The costs to the state would have been astronomical. You can count on a very strong advertising campaign on the amendments that remain. Make sure our voice is heard by supporting Citizens for a Fair Share.

It promises to be an interesting election on many fronts. **We have made the first step, now let's see it through.**

HURRICANE CHARLEY, TEN DAYS LATER

Judith A. Hartner, M.D., M.P.H., director, Lee County Health Department

Charley brought devastation throughout Southwest Florida, but particularly to our colleagues in Charlotte and Desoto, who will be feeling this storm's effects for months to come. Twelve years ago Florida suffered the impact of Hurricane Andrew, and we learned from that experience. By all reports, the response to Charley has benefited from the lessons learned from that disaster.

And now we turn to Hurricane Charley. What can we learn from our experiences with this Category Four storm? Where can the medical community - and each of us as individual physicians - make improvements that will benefit the victims of the next hurricane?

From the health department's perspective, here is an initial list of challenges to be resolved:

• **Communications fail.** Even if the tower survives, cell phones end when the emergency batteries on the towers die; cordless phones need power to work. Over the past years we have become so dependent upon cell phones, Internet and email as ubiquitous, reliable sources of information that we have no alternatives. The Health Department uses email as back-up for our telephone communications, but without power, both become useless.

• **Durable medical equipment companies cannot meet the needs of home oxygen users.**

The need for special care sheltering increased after the storm, as those patients who thought they would be okay with their oxygen generator and spare tank discovered they faced days without power. They could not contact their home supplier (communications fail) and their supplier did not have spare tanks to deliver.

• **Group homes and independent living centers don't have emergency plans.** Many disabled, frail or elderly people were trapped in multiple story buildings when the power failed. They were trapped there without food, water or telephones.

• **There is value to all that planning.** Our hospitals were able to assure patient safety in the face of structural damage. There was good communication between the hospitals and EMS.

• **People don't plan for disaster.** This may be a real life demonstration of 'Crying Wolf.' Many false alarms over the years brought a sense of complacency. In the end, many of those without a plan were knocking on hospital doors seeking shelter just before the storm.

The Medical Society Disaster Committee formed as a result of Andrew. Our future discussions will be looking at these and other critical issues in disaster preparedness.

As I Recall...

Roger D. Scott, M.D.

REFLECTIONS

This is the 92nd consecutive article of A.I.R. appearing in the Bulletin so before too many years pass, I would like to bring you new members of the community Reflections about how this all began. Many times, as we sat around the dining table in the doctors' lounge discussing happenings out of the past, I was often asked to comment on the discussions. Over the years, various people suggested that I, as the oldest physician (with a long memory) around, should give a talk to the Lee County Medical Society. After many prompts and against my better judgment, I volunteered (I had always been taught we do not volunteer), to speak at the May 1995 meeting. The president of the American Medical Association had been the previous month's speaker, and here I am a little nobody following him! Ann Wilke was encouraging and said that I could speak on any topic of my choice. I decided to talk about 1958 medicine with my personal remembrances of each member of the 1958 Society (the year I came here). The talk lasted about 45 minutes, I received more attention (no cell phones, no bathroom breaks, no talking -- pure concentration) from the audience than had been given the AMA president the previous month. In addition, Randy Knific videoed the entire talk; a first for any of the speakers at the Medical Society.

After the meeting, Ann Wilke asked me to write an article for the Bulletin for July, as Dr. John Agnew was no longer writing his fabulous, famous, and witty Dr. John articles. John had been editor of his high school newspaper in Miami and was chosen as the National High School Editor of the United States his senior year -- quite an award. How could I (who had never written anything of consequence in my entire education, except term papers etc., and did not do well with English in school, in fact some people could not understand what I said or wrote) possibly fill the void created by the loss of "Dr. John"? I warned Ann about this and she said, "Well, just write anything you want". The first article in July 1995 (Concerning the Preservation of Cadavers) was based upon an 1830 anatomist's letter regarding procurement, preservation, & shipping of cadavers and expounded by my personal experiences in anatomy in medical school. Ann couldn't find a volunteer, so she asked for a September article. The "Storm" over the Cuban missile crisis and possible atomic war came to mind as disaster and near disaster. Thereafter the articles just kept "flowing" until we're now in the 10th year! People often ask how I arrive at so many different topics as we certainly have covered a wide gamut with many more in my head that can be developed. I begin with a topic and whether I am knowledgeable or ignorant of most of the facts. If I cannot be sure of facts or figures, then much more time is required for preparation. The minimum time for an article is probably six or more hours by the time it is fully dictated, edited for content & to conform to space allowed, typed by the two finger method or by the Dragon's Naturally Speaking dictation method (that often requires a great deal of correcting due to my strong accent that Dragon can't half understand at times), reformatting, redoing up to six or eight drafts and sometimes more changes even with the final draft. (CONT ON PAGE 2)

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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.

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The Lee County Medical Society
Would like to thank all the
physicians who helped out before,
during and after Hurricane
Charley.

We appreciate your willingness to
be involved in taking care of our
community.

(AS I RECALL CONT.) from page 1

Some articles have taken longer than 15 or 20 hours. A considerable part of this work is done after 11 p.m., as I am a night person, especially with a full moon. Everything is factual except when noted that I don't know for sure or simply don't know. Occasionally an article is pure fiction and nothing is true, but you are notified of this. History is very important and many of the articles are historical or historically based. Some articles are more fun for me than others, but all have been given my best effort.

As you can see, significant time is taken doing this and sometimes I am at a point of resigning, but then someone says "I really enjoyed your last article." or "Your last article really brought back some fond memories for me." And so I get the spark again to continue to write. After these past nine years, writing now seems a part of me, like sense of humor or imagination, and it's one of the few things that may survive death. Writings can last for centuries and this is why I try so hard to be accurate in what I relate to you.

Thanks (especially to our four editors) for your indulgence and all the support you've given me, and by God's grace and your will, the articles shall continue to flow!

Never, never forget September 11th 2001, our second "Day of Infamy" for the U.S.A.!

LCMS ALLIANCE AND FOUNDATION NEWS

Submitted by Ann Shah, PhD, and Karma Marino, PhD, Co-Presidents
Lee County Medical Society Alliance

LCMSA Wins LEAP Award

In June, the LCMSA was presented with its first Legislative Education and Awareness Promotion (LEAP) Award at the AMAA Annual Meeting in Chicago, IL! This is quite an honor since the award is granted each year to only one county and one state in the nation. Congratulations to Betty Rubenstein for her innovative program of grouping five Alliance members to make up one Millennium Donors (MD) 1000 Club membership, giving spouses an opportunity to support the election of pro-medicine candidates at a reasonable cost. Thanks to Betty, the Alliance has now started its 6th membership...with 26 spouses donating...comprising 1/3 the total MD 1000 Club memberships in Lee County!

CONSTITUTIONAL AMENDMENT ON NOVEMBER BALLOT

In July, the Citizens for a Fair Share sponsored constitutional amendment to limit attorney fees in medical malpractice cases obtained sufficient certified petitions and approval by the Supreme Court, so it will appear on the election ballot in Nov! Thanks to everyone who worked so hard to collect petition signatures for Lee County. While this is itself a tremendous accomplishment, our work is far from done. The trial lawyers will be focused on defeating this amendment. Please help fund the public media campaign, and encourage your friends and neighbors to "Vote Yes on 3". In addition, when you go to the polls, please support the list of FLAMPAC endorsed candidates. We need legislators in office who understand the many difficult challenges faced by our medical family.

Foundation Fundraising Update

To date, the Garden Shower "No Show" Fundraiser has raised over \$4,000 for the LCMSAF Community Needs Fund! Thanks to Lynne Bacon, Linda Chazal and Cheri O'Mailia for orchestrating the event, and to all the people who made such generous contributions. This money will be used to support our health-related programs this year.

We are also pleased to announce that Radiology Regional Center recently pledged a matching grant of \$2,500 for the LCMSAF "Reaching Out" Endowment Fund. Please donate by May 1, 2005 so that a total of \$5,000 can be added to the principal balance. This fund must continue to grow to one day ensure future stability of our charitable endeavors

Alliance Social Events

Our annual Welcome Brunch will be held at the home of Dr. Michael and Mrs. Karen Weiss on Sept 22. Committee Chairs, Barb Lutarewych and Franky Margolin, are planning a fun and relaxing introduction for newcomers. This year, Potluck in Paradise will be at the home of Dr. John and Mrs. Liz Kagan on Oct 16. Committee Chairs, Rachelle Isaacson and Kathy Danehy, will throw a great party for the medical community. Please help us make these events a success!

Hurricane Charley

We are very concerned about our Alliance members, their families and citizens of Florida who may be in crisis from the hurricane disaster. The FMA Alliance Foundation has a disaster fund that will be available to our county alliances. If you want to contribute funds please send a check made payable to "FMA Alliance Foundation" and mail it to FMA Alliance Hurricane Relief, P.O. Box 10269, Tallahassee, FL 32302. We will make sure your tax-deductible contribution will help with the disaster relief. Please spread the word in your county alliance that they can contribute to the FMAA Foundation disaster relief fund and assist medical families in Florida.

VOTE YES #3
ON THREE
NOVEMBER 2, 2004

Medical Liability Claimant's
Compensation Amendment

This Amendment Will:

- ✓ Let injured patients keep more of an award in a medical liability case.
- ✓ Discourage trial lawyers from filing frivolous lawsuits.
- ✓ Encourage quality doctors to keep practicing in Florida.
- ✓ Improve patient's access to the best available and most affordable health care.

Paid Political Advertisement Paid For by Citizens for a Fair Share - P.O. Box 10269 - Tallahassee, FL 32302
Paid Political Advertisement Paid for in-kind by Lee County Medical Society - P.O. Box 60041 - Fort Myers, FL 33906

MEMBERSHIP ACTIVITY

Moved out of Area
John Debarros, M.D.
Paul Hanna, M.D.
Daniel Schwartz, M.D.
Diane Smith, M.D.

New Address
Daniel Bendetowicz, M.D.
Internal Medicine
15750 New Hampshire Ct Ste D
Fort Myers, FL 33908
239-985-1050 (O)
239-985-1060 (F)

Michael Collins, M.D.
Eye Associates of Fort Myers
4225 Evans Avenue
Fort Myers, FL 33901
239-936-4706 (O)
239-936-8683 (F)

Horace P. Dansby, III, M.D.
1435 SE 8th Terrace #C
Cape Coral, FL 33990
239-772-7350 (O)
239-772-8570 (F)

Keneth J. Galang, M.D.
Physical Medicine and Rehabilitation
2745 Broadway
Fort Myers, FL 33901
239-939-0117 (O)
239-939-3376 (F)

Mary Stegman, M.D.
Hope Hospice
9470 Health Park Circle
Fort Myers, FL 33908
239-489-9176 (O)
239-482-3380 (F)

Associates in Nephrology
John Conrey, M.D.
Ronald Delans, M.D.
K.C. Deva Caanthan, M.D.
M. Margaret Magno, M.D.
Ganesh Shenoy, M.D.
Joel T. Van Sickle, M.D.
7981 Gladiolus Drive
Fort Myers, FL 33908
239-939-0999 (O)
239-939-1070 (F)

New Practice
Eliot Hoffman, M.D.
Steven West, M.D.
Cardiology Consultants of SW FL
14171 Metropolis Avenue, Suite 101
Fort Myers, FL 33912
239-415-4900 (O)
239-337-4901 (F)

Practice Name Change
Cardiac Surgical Associates is now
Gulf Coast Cardiothoracic Surgeons
Randall Buss, M.D.
Brian Hummel, M.D.
Michael Metke, M.D.
Robert Pascotto, M.D.

Retired
Donna Lanthier, M.D.
Michael Lowery, M.D.
Stephen Lukowicz, M.D.
Jane Simenson, M.D.

2004 Membership Directory Corrections
Leonard D. Benitez, M.D.
239-938-7474 (O)
Charles Eby, M.D.
Ofc Mgr: Helen M. Faley
Dean Larson, M.D.
Oculoplastic Surgery
15620 New Hampshire Court
Fort Myers, FL 33908
Ofc Mgr/Adm: Natasha Larson/Robert Martilla
Gary Price, M.D.
9722 Commerce Center Court
Fort Myers, FL 33908

Certifications
Jonathan S. Daitech, M.D.

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NEW MEMBER APPLICANTS
Application for Membership**JAMES COLE, MD – OPHTHALMOLOGY**

Medical School: John Hopkins University School of Medicine, Baltimore, MD (1987-91)
Internship: UCSD Medical Center, San Diego, CA (1991-92)
Residency: Boston University School of Medicine Boston, MA (1993-95)
Fellowship: Baylor University, Houston, TX (1996-97)
Board Certification: American Board of Ophthalmology
 Dr. Cole is with Eye Health of Fort Myers at 6091 South Pointe Blvd, Fort Myers, FL 33919.

**RICHARD I. GELB, MD – CARDIOLOGY**

Medical School: University of Miami, Miami, FL (1984-88)
Internship: Santa Barbara Cottage Hospital, Santa Barbara, CA (1988-90)
Residency: LA County/USC Medical Center, Los Angeles, CA (1990-91)
Fellowship: Kaiser Hospital/USC Medical Center, Los Angeles, CA (1991-94)
 Dr. Gelb is with Florida Heart Associates at 1550 Barkley Circle, Fort Myers, FL 33907.

**SAMAN JAVEDAN, MD – NEUROSURGERY**

Medical School: John Hopkins University, Baltimore, MD (1993-97)
Internship: Good Samaritan Hospital, Phoenix, AZ (1997-98)
Residency: Barrow Neurological Institute, Phoenix, AZ (1998-2004)
 Dr. Javedan is with Lee Neurosurgery, 2780 Cleveland Ave, Ste 819, Fort Myers, FL 33901.

**ANAND MAHADEVAN, MD – INTERNAL MEDICINE**

Medical School: Armed Forces Medical College, India (1991-96)
Internship: Stanley Medical College, Madras, India (1996-97)
Residency: University of Missouri-Columbia, Columbia, MO (2000-03)
Board Certification: American Board of Internal Medicine
 Dr. Mahadevan is with Internal Medicine Associates at 2675 Winkler Avenue, Ste 300, Fort Myers, FL 33901.

**EMILIA MURRAY, MD – INTERNAL MEDICINE**

Medical School: Universidad Central del Caribe, Bayamon, PR (1992-99)
Internship and Residency: Cabrini Medical Center, New York, NY (1999-2002)
Board Certification: American Board of Internal Medicine
 Dr. Murray is with Internal Medicine Associates at 16251 N. Cleveland Avenue, Ste 13, N Fort Myers, FL 33903.

**MICHAEL RAAB, MD – FAMILY PRACTICE/GERIATRICS**

Medical School: State University of New York, Buffalo, NY (1973-77)
Internship: United Health and Hospital Services, Kingston, PA (1977-80)
Board Certification: American Board of Family Practice and Geriatrics.
 Dr. Raab is with Lee Memorial Health System, Older Adult Services at 2780 Cleveland Ave, Ste 809, Fort Myers, FL 33901.

**JOHN S. SARZIER, MD – NEUROSURGERY**

Medical School: University of South Florida, Tampa, FL (1991-95)
Internship: University of South Florida, Tampa, FL (1995-96)
Residency: University of South Florida, Tampa, FL (1996-2002)
Fellowship: University of South Florida, Tampa, FL (1998-2000)
 Dr. Sarzier is with the Syptert Institute, 413 Del Prado Blvd, Suite 102, Cape Coral, FL 33990.

**JEREMY A. SCHWARTZ, MD – ORTHOPEDIC SURGERY**

Medical School: University of Miami, Miami, FL (1993-97)
Internship: University Hospitals of Cleveland, Cleveland, OH (1997-98)
Residency: University Hospitals of Cleveland, Cleveland, OH (1998-2002)
Fellowship: Tampa General Hospital, Tampa, FL (2002-03)
 Dr. Schwartz is with the Orthopedic Specialists of SWFL at 2531 Cleveland Avenue, Ste 1, Fort Myers, FL 33901.

**PETER L. SCOTT, M.D. – DIAGNOSTIC RADIOLOGY**

Medical School: Indiana University, Indianapolis, IN (1968-72)
Internship and Residency: Indiana University, Indianapolis, IN (1972-75)
Fellowship: Walter Reed Hospital, Washington, DC (1974)
Board Certification: American Board of Radiology.
 Dr. Scott is with the Radiology Regional Center, PA at 3680 Broadway, Fort Myers, FL 33901.

**STANLEY WIGGINS, MD – PEDIATRICS**

Medical School: University of Alabama, Birmingham, AL (1991-95)
Internship and Residency: Naval Medical Center, Portsmouth, VA (1995-98)
Board Certification: American Board of Pediatrics.
 Dr. Wiggins is with Physicians' Primary Care of Southwest Florida, P.L. at 1255-1 Viscaya Pkwy Suite 101, Cape Coral, FL 33990.

**JEANNE KAIULANI WINDSOR, MD – FAMILY PRACTICE**

Medical School: University of Hawaii, Honolulu, HI (1981-86)
Internship and Residency: Southern Illinois University, Quincy Family Practice, Quincy, IL (1986-89)
Board Certification: American Board of Family Practice.
 Dr. Windsor is with Lee Convenient Care at 16271 Bass Road, Fort Myers, FL 33908.

FLORIDA'S IMPAIRED PRACTITIONER PROGRAM
PART I

The Professionals Resource Network (PRN) is one of two statutorily mandated Impaired Practitioner Programs in Florida (the other is The Intervention Project for Nurses or IPN). PRN helps to ensure the safety and health of the public by assisting ill practitioners who are licensed by Florida's health care boards, bureaus and councils.

History of PRN

In 1979, the Florida Department of Professional Regulation (DPR) and the Florida Medical Association (FMA) initiated efforts to develop a system for the management of impaired physicians. The Health Care System was faced with fears, frustrations, and threats to its integrity related to impaired physicians that endangered the public, the physician, and the medical profession. By 1985, policies and procedures were put in place to support the function of the Physicians Recovery Network. The Florida Medical Association administers the program through their not-for-profit Florida Medical Foundation. PRN has grown from a program for physicians only to one that covers the entire spectrum of health care workers other than nurses. PRN's success has led to the development of similar programs for attorneys and educators.

Confidentiality

The Florida Statutes governing health care boards and councils mandates that treatment documents and records of health care providers with impairments must be confidential unless there is failure to progress in the recovery process. This includes total confidentiality from the medical societies and licensing boards, as long as the provider stays in compliance with PRN requirements. Confidentiality for the participant's PRN medical records is essential to the success of the PRN program. It has promoted early involvement, incentive for self-reporting, more open and honest communication with evaluators and less resistance to enter treatment. Approximately 80% of all referrals to PRN have occurred before any violation of the Medical Practice Act or evidence of harm to a patient.

How PRN becomes involved

Many people are not aware that the PRN program assists with a wide range of disorders that can result in the impairment of a health care provider's ability to practice his or her profession with skill and safety. The spectrum includes those practitioners who suffer from substance abuse or dependence, psychiatric illnesses, psychosexual disorders (which include sexual boundary violations), neurological diseases, cognitive impairments, behavioral disorders, HIV infection, AIDS, and various general medical disorders that can interfere with functioning.

PRN receives referrals from a number of sources, including those from co-workers, patients, the Department of Health, hospitals, and newspaper articles, as well as self-referrals. Referrals come from members of all medical disciplines. Some Practice Acts have a requirement to report licensed health care professionals who show evidence of impairment and provide possible disciplinary actions for failing to report. Those who report are provided immunity from civil liability, providing they can show that there is no malicious intent. After verification that there is sufficient evidence that a potentially impairing problem exists, PRN will arrange an evaluation by a Department-approved evaluator. In the vast majority of cases the practitioner is given information on three evaluators from which to choose. If the severity of the situation warrants, the practitioner may be asked to voluntarily withdraw from practice until the evaluation is completed.

Once the evaluation is completed, the Medical Director of PRN, in consultation with the evaluator, PRN staff, and review of PRN records, makes decisions as to any needed treatment, the type of treatment indicated, and whether a PRN monitoring contract is required. A contract with PRN is generally not signed until treatment is completed or nearly completed (unless treatment is an ongoing need). The types of contracts include Chemical Dependency, Psychiatric, Dual Diagnosis, Special Procedures (HIV), Behavioral, Sexual Boundary Violation, and Chronic Pain.

In most cases, the practitioner's involvement with PRN is unknown to the licensing board. Should other problems, such as an Administrative Complaint of patient harm occur, the Board disciplinary actions may likely be imposed concurrent with PRN involvement. Illness and willingness to comply with treatment/monitoring can be a mitigating factor in the licensing board's action.

Once the participant has demonstrated that he is able to practice his profession with reasonable skill and safety, and willingness to continue receiving ongoing assistance with their problem, PRN will provide advocacy to licensing boards regarding return to work and for licensure to practice in Florida. The Medical Director or Assistant Medical Director will appear on behalf of and with participants before the boards or councils. PRN will also advocate on behalf of the practitioner to other entities, as requested, such as hospitals, employers, insurance panels, the legal system, etc. In some cases, the practitioner may not be safe to return to a work setting and PRN may support an individual to apply for disability.

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"We take care of our own"

IRONSTONE BANK PROGRAM TO AID HURRICANE CHARLEY VICTIMS

IronStone Bank has established a special relief program to help customers affected by Hurricane Charley in Southwest Florida.

The program is designed to assist customers who are temporarily unable to meet their obligations because of storm damage to their homes or businesses.

"IronStone Bank is committed to helping our customers through this difficult period," said bank President Jim Pope. "We want our customers affected by Hurricane Charley to know that we will work with them by providing special assistance."

IronStone Bank will review requests for assistance on a case-by-case basis and will consider a customer's payment history in determining eligibility. The program is available for customers through Nov. 30, 2004. Assistance will include:

- Consumer and small business loan payment deferrals for up to six months for customers with a satisfactory payment history.
- Consumer unsecured loans up to 24 months with a low fixed-interest rate of 5.0% APR, no closing costs or fees and no payments for 90 days
- Waiver of early withdrawal penalties for certificates of deposits when customers need the funds for hurricane relief.

"We're focusing our efforts toward helping our customers get back on their feet as quickly as possible," said Joe Wheeler, Southwest Florida Area Executive for IronStone Bank based in Fort Myers. "We believe our relief program provides a way to achieve this."

IronStone Bank encourages customers to visit or call their local bank branches with any financial questions, (239) 659-2800 for Collier County or (239) 454-2000 for Lee County. Customers may also call the IronStone Customer Contact Center at 1-866-IB DIRECT (1-866-423-4732).

Currently the bank operates 15 offices in Florida, with the majority of them in the Fort Myers / Naples area, close to the hurricane's greatest impact.

The bank also has 19 offices in the Atlanta metro area, where its headquarters are located. In addition, IronStone Bank operates a Western division in Arizona, Texas and California. New markets have been announced in Denver, Colo.; Seattle, Wash.; Portland, Ore.; and Albuquerque and Santa Fe, N.M.

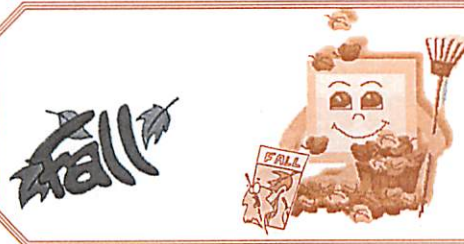
IronStone Bank has more than \$1.3 billion in assets and focuses on building and serving longstanding relationships with individual customers, small- to mid-sized businesses, professionals and the medical community. Customers can access financial services through IronStone Bank's branches, Customer Contact Center and the web, ironstonebank.com. Paid advertisement.

DEPARTMENT OF HEALTH SEEKING EXPERTS TO REVIEW CASES

The Florida Department of Health (DOH) is looking for physicians to serve as experts in reviewing cases for the Florida Board of Medicine, and rendering an opinion on whether the specific standard of care has been met. The DOH is seeking Board certified physicians in all disciplines. Physicians agreeing to review files may receive credit toward the Risk Management requirements for CME. In addition, the expert may choose to perform this important task pro bono or to accept a modest fee.

Physicians interested in reviewing cases should contact the following DOH representative:

Irene Anker, Expert Unit Supervisor
4052 Bald Cypress Way - Bin C-65
Tallahassee, FL 32399-3265
850-487-9683



**A good time
to do a
computer
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RISK MANAGEMENT
Frequently Asked Legal Questions

What action should be taken when a medical error is suspected or occurs? Contact FPIC's Risk Management Department for guidance as soon as possible. Make no admissions of liability. Federal and/or state reporting requirements under strict time constraints may apply. Always attempt to discuss the situation with personal counsel or FPIC before meeting with hospital risk management.



What action should be taken when a patient is noncompliant or refuses to undergo diagnostic studies, care, or treatment? Document your recommendations and the patient's noncompliance. Advise the patient of the potential consequences of their non-compliance or refusal and document your discussion. Confirm the patient's noncompliance, your subsequent discussion and the potential consequences in a letter to the patient sent certified mail, return receipt requested and send a copy of the letter by regular mail as well. Consider withdrawing from the patient's care, but first review the language of any managed care contracts that may apply to the situation and seek guidance from FPIC's Risk Management Department or personal counsel. If you practice in a group setting, it may be necessary to withdraw on behalf of others in the group and the practice itself.

Do Florida Statutes or federal law set forth a specific manner in which obsolete patient records must be destroyed? No. However, the manner selected must protect patient confidentiality. Under HIPAA confidentiality provisions, it is recommended that obsolete patient records be shredded for disposal. If a service is contracted for this purpose, it is recommended that in addition to an executed Business Associate Agreement, indemnification and hold harmless language be included in the signed contract and/or written agreement for services.

Do Mandatory reporting requirements set forth by Florida statutes pre-empt HIPAA privacy provisions? Generally, yes. A good example would be FS 381.003, which requires a physician that diagnoses or suspects the existence of a disease of public health significance to immediately report the fact to the Department of Health. However, because the legal waters pertaining to most HIPAA privacy provisions have yet been tested, it is wise to seek legal or risk management guidance first.

What is arbitration and what benefit does it provide? Arbitration is the submission of a dispute to one or more impartial persons for a final and binding decision. Through arbitration, patients and physicians both benefit because they are able to more promptly resolve malpractice claims and for less cost to each party. It is also believed that arbitration panels will help to avoid unreasonable jury awards, thereby further lowering costs. These cost savings would positively impact professional liability rates and the cost and availability of healthcare services.

This article was taken from Preventive Action, the quarterly risk management newsletter for policy holders of FPIC.

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