

## UPCOMING MEETING/ EVENTS

### CELEBRATING THE MEDICAL MARRIAGE

Speaker

Dr. David G. Kelley, DMIN, LMFT

LEE COUNTY MEDICAL SOCIETY &  
ALLIANCE JOINT MEETING

Thursday September 15, 2005  
6:30 p.m. Social Time/7:00 p.m.

Dinner at  
Fiddlesticks Country Club  
15391 Canongate Drive  
Fort Myers  
RSVP Needed

### 10th ANNUAL LEGAL-MEDICAL GOLF TOURNAMENT

Saturday, September 10, 2005  
7:30 AM - Registration  
8:30 AM - Start Time

Verandah Country Club  
12211 River Village Way  
East Fort Myers

### 4th ANNUAL LEGAL-MEDICAL TENNIS TOURNAMENT

Saturday, October 15, 2005  
8:00 AM - Registration  
8:00 AM - Start Time

Ace Tennis Club  
4056 Princeton Street  
(off Winkler Avenue)  
Fort Myers, FL

## Inserts

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## President's Message

### OUR DEDICATION TO MEDICINE

Richard Murray, M.D.



Recently two pillars of the community Roger Scott, M.D. and John Klingerman, M.D. retired. Combined they provided 84 years of service to this community. Their compassion, skill, and dedication to their patients were truly remarkable. However, they were "old school". The "new school" has arrived. Recently I had an early pregnant patient who had appendicitis at a local hospital. There was no surgeon on call and we tried to transfer to another hospital, however the surgeon there would not take her because she was pregnant. Next we transferred her to yet another hospital where the surgeon was willing to accept her. I met this new surgeon Robert Schreiber, M.D. and I had a conversation with him as follows;

"Where are you from?"  
"New Smyrna Beach."  
"How long have you been in town?"  
"Two days."  
"Where are you staying?"  
"At the Holiday Inn."  
"Have you found a house yet?"  
"Oh no, I'm only here for a week."  
"I said, excuse me, you are only here for a week!"  
He responded, "I'm a traveler, 'locum tenens'".

Dr. Schreiber lives on a boat in New Smyrna Beach and comes to Fort Myers 6 days a week, lives in a hotel and the hospital provides his room, board, food, car, liability insurance, and a stipend. He is actually employed by a locum tenens company. He travels the state and country as a traveling surgeon. He was in private practice and became fed up with the bureaucracy and decided to give this traveling surgery a try.

We then proceeded to perform a laparoscopic appendectomy on this pregnant patient and it went very well. His surgery skill was excellent. He followed her for the next few days but then was leaving for another assignment and told me if there were any problems the patient could follow-up with another surgeon. I thought it was quite unusual how he has no office, no staff and follow-up would be with another surgeon. However, I guess this is a sign of the times. We now have hospitalists, virtual radiologists, intensivists, hospital pediatricians and now the growing movement in the country is laborists, who manage labor and delivery units 24-hours a day to give OB/GYNs a better life. However, I have also seen this trend in other professions such as the legal system. You can now go to a local storefront and buy corporate paperwork, divorce paperwork, and trust paperwork for a nominal price. Furthermore, now at Home Depot and Wal-Mart you can pick your items, scan, bag them yourself and never talk with anyone from the store, it is all self-service. I guess it is maybe a sign of the times or the difference between old school and new school.

Medicine is changing just like all the other professions because it is now a business; it is less considered an art. Over the years we have seen many professions disappear such as the steel worker, the coal miner, travel agents, and now maybe even true private practicing physicians.

I could always call Roger or John anytime of day and they would be happy to see a patient. They'd never question whether they were on the patient's insurance plan and would provide wonderful care for that patient. Roger and John, we will miss your dedication to the patients and wish you well in the next stage of your profession. We wish we had more physicians as caring as you two have been. Thank you for the many years of service to the community of Southwest Florida.

## FMA ANNUAL MEETING

The Florida Medical Association Annual Meeting was held September 1-4, 2005 at the Boca Raton Resort & Club.

The Lee County Medical Society submitted the following three resolutions for action by the FMA House of Delegates: Point of Service Responsibility, All Generators to Carry Warning Labels, Opting Out of Medicare.

We would like to thank the following physicians for the dedication and involvement they showed in attending the Annual Meeting on our behalf: Howard Barrow, M.D., Stuart Bobman, M.D., James Fuller, M.D., Ralph Gregg, M.D., Larry Hobbs, M.D., F. L. Howington, M.D., Richard Murray, M.D., Julio Rodriguez, M.D., James Rubenstein, M.D., Douglas Stevens, M.D., Dean Traiger, M.D., Steven R. West, M.D.

We would also like to thank the following LCMS physicians who attended the Annual Meeting on behalf of their specialty societies: Kurt W. Markgraf, MD, James O'Mailia, MD, James Woods Orr, Jr., MD

Congratulations to Dr. West who was elected as Secretary of the FMA.

## As I Recall...

Roger D. Scott, M.D.

### PHARMACOLOGY

Pharmacology has been an important aspect of medicine since the beginning of time, but the beginning of modern-day medicines really began in the early 19th century.

The Museum of Medical History has accumulated a large number of medications and pharmacologic equipment. Pharmacist Ross Webb who still practices here donated many items from older drugstores, especially Hunters and some of Fry's. The Fry and Williams family have generously also donated so much. Recently, Carl Tate, an old pharmacist came by the museum to donate a very large heavy iron mortar and pestle and while there, he opened a notebook from Fry's pharmacy and stated that he (Carl) had made the notations that we see in that book. (Carl just died in June 2005.) With all of this going on, I could not deny my desire to review some history of pharmacology.

Major changes occurred in the 19th century when so many new drugs were developed. The first United States Pharmacopoeia (the pharmacist's Bible of preparations, formulas, and standards) was published in 1820 and continues today.

In 1805, a German pharmacist added ammonia to an opium solution and created a drug that has weathered the ages... morphine. It was commonly used as "an antidote for fatigue", but more importantly for the relief of pain. Morphine remains one of our mainstay narcotics today. In about 1814, hydrogen peroxide was discovered. Iodine first appeared in 1812. Digitalis and amyl nitrate also appeared in the early 1800s.

The products of narcotic plants (cannabis, cocaine, and opiates) were used heavily during the 19th-century. Laudanum (\*tincture of opium) is commonly referred to in many of the historical novels and writings of the 19th-century. Many of the romantic poets were said to be under the influence of opiates when their best work was performed. Opium and hookahs were commonplace. Cannabis (marijuana) was first introduced into Western medicine in 1839 with the statement that this relieved pain, but was also an effective anticonvulsant, a muscle relaxant, and used in a variety of disorders to include seizures, rheumatism, tetanus, and rabies. It was also prescribed for menstrual disorders, asthma, childbirth, psychosis, quinsy, cough, insomnia, and migraine and was a wonderful substitute for withdrawal from opium. It was also a wonderful "social" drug. (Not effective unless you "inhale" it.) Cocaine was derived from a plant in 1858. It was used as a local anesthetic and has weathered the years but is only used now by ear, nose, and throat physicians (and those who use illegal drugs).

About 1851, vegetable origin drugs were being outnumbered by inorganic and organic substances, and chemical preparation became more and more in demand. Around 1885 the most common drugs in use in the United States were: calomel as a laxative, paregoric for diarrhea, quinine for malaria, iron for anemia, opium and morphine as analgesics, alcohol & bromides as sedatives & anticonvulsants, sodium bicarbonate for indigestion, strychnine & arsenic as stimulants (and in large doses were common as poisons), and mercury & iodine for syphilis.

Synthetic drugs first appeared in the 1870s with salicylic acid becoming a panacea for

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LEE COUNTY MEDICAL SOCIETY  
BULLETIN

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The editors welcome contributions from members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society. Advertisements do not imply sponsorship by or endorsement of Lee County Medical Society, ©2005 LCMS

## PRINTERS

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## MEMBERSHIP ACTIVITY

## REACTIVATION

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6820 Porto Fino Circle #1

Fort Myers, FL 33912

Tel: (239) 225-1364

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## NEW PRACTICE

Audrey Farahmand, M.D.

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13710 Metropolis Avenue, Ste 104

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## NEW LOCATION

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13670 Metropolis Avenue

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Tel: (239) 337-3337

## MOVED OUT-OF-STATE

Steven Isserman, M.D.

Rudolf Kotula, M.D.

William Miles, M.D.

## CORRECTIONS TO THE 2005-6 LEE

## COUNTY MEMBERSHIP DIRECTORY:

We tried to provide accurate information in our 2005-6 Membership Directory. Unfortunately some mistakes were made. We have placed an insert with corrections in all outgoing Membership Directories starting August 8, 2005. We sincerely apologize to the following physicians..

1. The picture we have of **Martin J. Sherman, M.D.** is actually that of **Seth Schurman, M.D.**
2. **John Green, D.O.** correct address is 13685 Doctors Way, Suite 100, Ft. Myers, FL 33912 (239) 332-4099.
3. **Paul Fuchs, D.O.** specializes in Orthopedic Surgery/Back Surgery
4. **Heinz Vogtland, M.D.** Graduated from the University of Heidelberg in 1968.

LEE COUNTY MEDICAL SOCIETY  
ALLIANCE & FOUNDATION NEWS

Tami Traiger, President

## The Race is On-The Membership Drive Begins September 1st!

This year one of the Alliance goals is to increase membership to 250 members. We currently have 225 members and have the largest membership in the whole state of Florida! The Alliance is very proud that we have so many spouses continually dedicated to supporting all the facets of the organization and their strong commitment to the medical family of our community. Unfortunately, when we put our numbers in perspective to the Lee County Medical Society membership numbers, we do not even meet 50% of the LCMS membership. This is the year to change that ratio!

We are stepping up our membership focus this year not only to increase our numbers but to increase the level of participation at our events as well. The board has sat down and put together a calendar of diverse and FUN events to meet all interests of our perspective and current members. Whether it is attending our traditional events such as Welcome Brunch and Potluck, or doing something different, like our Breast Cancer Lecture and Fashion show in October, Wine Tasting in January, or our newest Progressive Dinner Fundraiser at the Bell Tower Shops in April, we are looking to meet the needs of our members. Additionally, we will be mailing out our September In Touch newsletter to both current and prospective members so that everyone can see what we are about.

Our dues are \$105 per year. Of that \$105 per member, our county keeps \$35 to cover our Membership events, Legislation, Membership Directory, Insurance, Accounting Fees, Leadership Training, and State and National Meetings. We run a tight budget and are careful with every dollar! When the AMAA and FMAA increased dues last year to cover such important items such as Legislation, we as a board decided to maintain our current dues structure. Whether your spouse chooses to be active in the organization or not, making the membership commitment allows us to continue all of the wonderful programs that we provide to the Medical Community.

As the dues statements arrive in the mail this month, please let the office manager know to include the Alliance dues for your spouse with your membership. We are counting on you to change the membership ratio. Are you going to meet our challenge?

## Alliance Upcoming Events

Welcome Brunch will be held on Wednesday, September 21st at the Blue Coyote Business & Social Club in the Caloosa Yacht & Racquet Club. Co-Chairs Fran Reynolds and Ann Shah are planning a fun and relaxing luncheon to greet the newest members of our medical community. Potluck in Paradise at the home of Dr. Michael and Mrs. Karen Weiss is Saturday October 15th. Committee Chairs Nancy Burton and Amy Markovich will be throwing a great party for the medical community. Please join us to make these events successful!

McCOURT SCHOLARSHIP FUND  
SPONSORING CHILDREN TO FLORIDA'S DIABETES CAMP

The Lee County Medical Society McCourt Scholarship Fund donated \$1,900 this year to the Florida Camp for Children and Youth with Diabetes. This enabled 4 children to attend diabetes camp this year. Below is a letter from the father of one of our campers.

*"I want to take this opportunity to thank you and your organization for your generous contribution that allowed Elisabeth to attend Pee Wee Camp in Brandon held by FCCYD. Without your support, Elisabeth would not have been able to attend."*

*Elisabeth says that she had a great time at camp, and wants to attend future sessions. I can see the growth and added comfort that going to camp provided. This is an experience that she will not soon forget. She had canoeing, swimming, arts and crafts, and education about diabetes and her insulin pump. She has become more aware of her condition, and gained added maturity.*

*Again, thank you from the bottom of my heart. Sincerely, Howard Blain"*

We are sending a big thank you to the physicians who contributed. If you would like to contribute, please check the McCourt Scholarship box on your 2006 Dues Statement.

## GREEN RIBBON HEALTH

Green Ribbon Health is one of eight pilot programs being launched nationwide by the Centers for Medicare and Medicaid Services (CMS) to provide eligible Medicare beneficiaries with complex diabetes and/or congestive heart failure innovative services to improve access to care and support relationships with providers.

This October, CMS will send letters to 20,000 pre-selected Medicare fee-for-service beneficiaries in nine Florida counties notifying them of their eligibility and providing instructions on how to join. Because not all Medicare beneficiaries are eligible and the program is not mandatory, some FAFP physicians may not be included. The nine counties include: Pinellas, Hillsborough, Manatee, Hardee, DeSoto, Sarasota, Charlotte, Lee and Collier.

Participants will receive resources and support from a health care team that includes personal nurses. Resources might include transportation, counseling following physician discussions, medication explanations, health classes and direction on community resources. Additionally, participants will have access to a 24/7 nurse line.

For more information, visit [www.greenribbonhealth.com](http://www.greenribbonhealth.com).

The Lee County Medical Society held a Provider Focus Group at the LCMS office on August 11, soog. We would like to thank the following individuals for taking the time to serve:

1. Rebekah Bernard, M.D.
2. Elizabeth Shandor, D.O.
3. Richard Gelb, M.D.
4. Phillip Lotti
5. Ronald Castellanos, M.D.
6. Gary Delanois
7. Stephen Kaskie, M.D.
8. Shannon Greer, D.O.
9. Doug Hughes, D.O.

## ART ROYALE 2005-TAKE FLIGHT

TAKE FLIGHT, Art Royale is the third annual signature fundraising event to benefit the Alliance for the Arts, to be held on Saturday, October 22, 2005. This year's theme TAKE FLIGHT, allows artists to explore exhibit ideas ranging from butterflies to spacecrafts, angels to aviation. With inspiration from Cirque du Soleil, "The Gates" in Central Park, and European street fairs, TAKE FLIGHT, Art Royale 2005 will incorporate the use of fabric structures that will convert the Alliance for the Arts campus into a work of art itself.

TAKE FLIGHT, Art Royale 2005, is a multi-art event combining visual, performance environmental design and culinary artists. The walls, stages, grounds and passageways will be filled with painters, actors, sculptors, dancers, musicians, singers, stilt walkers, fire dancers and more.

Saturday October 22, 2005 at 7PM

Alliance for the Arts

Co-Chairs: Bruce Gora and Will Prather

Tickets \$75 each

Sponsorships are Available

Contact Katherine Henricks at 239 939 2787 ext 24 or visit our website at [www.ArtRoyale2005.com](http://www.ArtRoyale2005.com)

## GEMS FROM COURT PROCEEDINGS

ATTORNEY: Now doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?

WITNESS: Did you actually pass the bar exam?

ATTORNEY: Doctor, how many of your autopsies have you performed on dead people?

WITNESS: All my autopsies are performed on dead people.

ATTORNEY: Do you recall the time that you examined the body?

WITNESS: The autopsy started around 8:30 p.m.

ATTORNEY: And Mr. Denton was dead at the time?

WITNESS: No, he was sitting on the table wondering why I was doing an autopsy on him!

ATTORNEY: Doctor, before you performed the autopsy, did you check for a pulse?

WITNESS: No.

ATTORNEY: Did you check for blood pressure?

WITNESS: No.

ATTORNEY: Did you check for breathing?

WITNESS: No.

ATTORNEY: So, then it is possible that the patient was alive when you began the autopsy?

WITNESS: No.

ATTORNEY: How can you be so sure, Doctor?

WITNESS: Because his brain was sitting on my desk in a jar.

ATTORNEY: But could the patient have still been alive, nevertheless?

WITNESS: Yes, it is possible that he could have been alive and practicing law.

## As I Recall... Cont. from page 1.

many ills. Chloral hydrate was the first synthetic hypnotic that was soon followed by paraldehyde and then synthetic barbiturates.

In 1898, epinephrine was first isolated and launched the era of hormone extraction. It is amazing that these drugs were in use so long ago and are still useful today!

I find it interesting that throughout my youth and until about the late 1960s, one could buy Paregoric (Camphorated Tincture of Opium) from a druggist without a prescription. From about the 1960s until the 1980s, paregoric could be purchased from a druggist without a prescription simply by signing a ledger for the amount of 2 or 3 ounces. Subsequent to that time, a narcotic prescription had to be obtained from a physician.

Patent medicines in the latter part of the 19th-century were widely used. Many of these contained laudanum and alcohol making them extremely palatable & enjoyable. These preparations were often declared surest for almost anything in the world, a panacea for any illness or malady. Patent medicines (without narcotics) remain a big seller today.

The 19th century was truly a golden age of medicine and this carried over into the 20th century with more and more drugs being discovered and many historical illnesses eradicated. My hope is for this to continue to occur in the 21st century.

I apologize if this is not a clear-cut timeline of medications, but I've spent several hours trying to arrange and rearrange this article and this is the best I can produce. Happy reading.

\*Tinctures are alcoholic or hydro alcoholic extractive preparations of vegetable drugs representing 10-20% of the drug from which the preparation is prepared. Now you know!

Correction: Nitrous Oxide was used first in 1844 not 1884 as reported in the July article.



# EXPERT MEDICAL TESTIMONY: THE BUCK NAKED TRUTH

Frank Loh, M.D.

December 19, 1952 President Truman said, "You know, it's easy for the Monday morning quarterback to say what the coach should have done, after the game is over. But when the decision is up before you -- and on my desk I have a motto which says 'The Buck Stops Here'-- the decision has to be made."

Assumed to have exceptional qualifications, vast experience and unquestionable integrity, the expert medical witness is a duty of high honor. The expert is considered more than a doctor, the expert is the doctor's doctor, and ultimately, the expert is the doctor's judge -- so in the court of law who's to challenge the expert's word? The jury can't, the attorneys can't, the defendant can't; the Judge can in theory but doesn't. From the jury to the judge the expert's word is the final word; that's power, that's responsibility. But, incredulously and increasingly there are episodes of false testimony, exaggerated testimony, and testimony by experts that contradict their own publications, or "expert witnesses" who are not genuinely experts. If the expert witness can't be trusted, then who can the jury trust: where does the buck stop? Dr. Soler's article in this issue of Vocal Chords\* is a springboard exposing the dirty truth of "the expert medical witness."

In my own experience as a neurologist and a rookie defendant, the expert neurologist that testified against me had intimidating credentials, academic titles, numerous authorships and memberships to leading medical academies; he was also a veteran expert witness. Maybe because of him, my insurance carrier asked me if I wanted to settle. No, I answered. In the courtroom this expert said nothing about the manner in which the patient was cared for, the tests ordered, the treatment given; he only commented on how the progress notes could have been better written. Instead the plaintiff's attorney enlisted an obscure internist - also a veteran expert witness - to comment on Neurologic issues, on how Neurologic tests results should have been interpreted to reach the ultimate diagnosis faster. The "expert internist witness" overreached his expertise; conversely, the "expert neurologist witness" didn't say anything false, but in complicity he let his credentials be used - used unsuccessfully. The plaintiff's attorney was counting on the jury to confuse who said what. Of course, another expert neurologist of equal celebrity came to my defense and explain the true complexity of medical care; but one truthful expert testimony, in the eyes of the jury doesn't trump another's untruthful "expert testimony;" they just cancel out.

The expression "the buck stops here" comes from the slang "passing the buck." In the days of the Westward expansion this expression originated from poker where the marker for the card dealer was a buckhorn handled knife. When you didn't want to deal, you "passed the buck" passing on the responsibility. So where does the responsibility for ensuring legitimate medical expert testimonies go? Many medical societies are establishing policies to govern their members who provide expert medical testimony and are disciplining members who violate those policies. The American Association of Neurosurgery since 1983 has handled 50 cases, leading to 10 suspensions and one expulsion. There are Medical departments that require their members to sign affirmation documents to pledge honest, complete and impartial expert witness testimony that is subject to peer review. The American Academy of Dermatology has a repository of expert witness testimony archived and potentially subject to inspection. The Medical Justice Corporation is a legal interest group eager to expose professional expert witnesses who falsify testimony. The Washington Legal Foundation has said, "Peer review, and the possibility of sanctions by medical associations against wrongdoers, may bring about higher ethics in such testimony." Every National Academy needs an active process of ensuring chaste expert testimony. Make it a priority to find out what your own Academy is doing about this.

A "buck" as to represent a dollar refers to when the buckskin could be bartered with as a form of currency: how often can we trade medical integrity for money in the legal forum? Many medical academies have guidelines for the maximum amount of legal work a physician should perform relative to their entire income -- for the sake of maintaining credibility as an authentic physician 5% is often set as the ceiling. Logically, an expert medical witness testifying on the practice of medicine should in fact be an active practitioner and their livelihood should not be dependent on armchair second guessing; people expect the physician to be beholden to the ethics of medicine and not the lawyer's payroll. It's shockingly inconceivable that any of our colleagues would have a significant financial dependency on this form of work, but it happens commonly. Wrongs should be righted, but the part of the inquisitor should be a physician whose primary interest is patient care.

The term "buck naked" is believed to have originated in the 1920's referring to the similar color of deer buckskin and bare human skin. If the actions of the defending doctor needs to be transparent, subject to criticism then similarly the testimonies of the expert witness doctor needs to be the buck naked truth and subject to stringent review. The expert witness often has an aura of superior immunity where in fact they should shoulder immense culpability, because from their glorified stature any misrepresentation irrevocably deceives the court, wrongfully condemns the innocent, misleads the public as to what constitutes feasible medical standards, tarnishes the medical societies they represent, and disgraces the medical profession. Ironically, some litigating attorneys don't want medical academies involved in reviewing their experts, claiming this would be prohibitively intimidating; as if only practicing physicians should be caustically scrutinized while they coddle their professional expert witness? These attorneys want to leave the broken system as is: isn't it time to buck the system? Call your national medical associations, insist that expert witnesses be held accountable, demand that expert witnesses be held to a high standard; a standard that equals their elevated influence.

\*Vocal Chords is the newsletter of the Manatee County Medical Society. This article was reprinted with permission from Vocal Chords, Spring 2005 issue.

## JOB LISTINGS ON THE LEE COUNTY MEDICAL SOCIETY WEBSITE www.leecountymedicalsociety.org

The Lee County Medical Society is offering a unique opportunity to our members and their offices. We know how hard it can be to find just the right person for the job so we have expanded our website to include this area so that you may freely list available positions in your office. This service is available for Lee County Medical Society physicians and their offices only and is provided at **no charge**. Our job listings are for the Lee County area that includes the cities of Bonita Springs, Cape Coral, Fort Myers, and Lehigh Acres.

All job listings must be approved by the Lee County Medical Society before we can post them to the website. In order to keep the job listings current, all listings will be removed after 30 days.

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## NEW MEMBER APPLICANTS Application for Membership



### KEITH BENBENISTY, M.D. - DERMATOLOGY

Medical School: Medical College of Georgia, Augusta, GA (1996-2000)  
Internship: Atlanta Medical Center, Atlanta, GA (2000-01)  
Residency: Medical University of South Carolina, Charleston, SC (2002-05)  
Fellowship: Duke University, Durham, NC (2001-02)  
Dr. Benbenisty is with Associates in Dermatology, 8381 Riverwalk Park Blvd, Fort Myers, FL 33919.



### MICHELE M. BLAIR, D.O. - DIAGNOSTIC RADIOLOGY

Medical School: Michigan State University College of Osteo Medicine, East Lansing, MI (1985-89)  
Internship/Residency: Mt. Clemens General Hospital, Mt. Clemens, MI (1989-94)  
Dr. Blair is with Radiology Regional Centers at 3680 Broadway Fort Myers, FL 33901.



### KATIE DRAKE, D.O. - FAMILY PRACTICE

Medical School: University of Health Sciences College of Osteo Med, Kansas City, MO (1998-2002)  
Internship/Residency: Saint Vincent Health Center, Erie, PA (2002-05)  
Dr. Drake is with Physicians Primary Care of SWFL at 1501 Viscaya Parkway, Cape Coral, FL 33990.



### SARAH H. KRAUSS, M.D. - OBSTETRICS/GYNECOLOGY

Medical School: Wayne State University (1997-2001)  
Internship/Residency: University of Rochester, Rochester, NY (2001-05)  
Dr. Krauss is with Physicians Primary Care of SWFL at 1265 Viscaya Parkway, Cape Coral, FL 33990.



### MILENA LOUKANOVA, M.D. - INTERNAL MEDICINE

Medical School: Medical University Sofia, Bulgaria (1979-85)  
Internship/Residency: Mercy Catholic Medical Center, Darby, PA (1993-96)  
Dr. Loukanova is with Lee Physicians Group at 507 Cape Coral Parkway, Cape Coral, FL 33904.



### BRIAN C. TASCHNER, M.D. - CARDIOLOGY

Medical School: University of Florida, Gainesville, FL (1995-98)  
Internship/Residency: Medical College of Virginia, Richmond, VA (1998-2002)  
Fellowship: St. Louis University, St. Louis, MO (2002-05)  
Dr. Taschner is with Southwest Florida Heart Group, 8540 College Parkway, Fort Myers, FL 33919.

## FLORIDA MEDICAL ASSOCIATION RECOGNIZES THREE LEE COUNTY PHYSICIANS

Dennis Agliano, M.D., President of the Florida Medical Association, has chosen three local physicians to receive the FMA President's Recognition Award. Ralph Gregg, M.D., Douglas Stevens, M.D., and Steven West, M.D. will be recognized by Dr. Agliano at the 2005 FMA Annual Meeting for their work on Tort Reform. Congratulations and thank you Drs. Gregg, Stevens and West for all the work you have done on our behalf.

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MEDICAID REFORM

Emily Fritz  
Director of Medicaid Community Relations

Florida Medicaid will soon embark on the first fundamental redesign of the program since its inception in Florida more than 30 years ago. Governor Bush signed Senate Bill 838, also known as Medicaid Reform, into law on June 3. This authorizes the Agency for Health Care Administration (AHCA) to develop an innovative, cost-effective delivery system that enhances quality of care and promotes personal responsibility. The new delivery system will be implemented through a capitated managed care system that will include mandatory and optional Medicaid health care services. Innovative components in reform include risk-adjusted premiums, customized benefits, and the creation of an enhanced benefit plan.

The Florida Medicaid program has grown 13 percent per year since 1999 and will exceed 15 billion dollars in 2005. If these trends continue, the Medicaid program will consume 59 percent of the state budget within ten years. If Florida Medicaid were a corporation, it would rank number 163 on the Fortune 500 list. Even with the large growth in expenditures, there is growing dissatisfaction with the program among recipients, providers, and stakeholders.

The first step of Medicaid Reform is AHCA's submission of waiver applications to the Centers for Medicare and Medicaid (CMS), the federal agency that oversees Medicaid. It is anticipated that the waiver will be submitted in September. The waiver will be posted on AHCA's website, <http://ahca.myflorida.com>. After CMS approval of the waiver, the legislature must approve AHCA's implementation plan. AHCA anticipates implementation to begin by April - June 2006.

The program will first be implemented in Broward and Duval counties and will expand to Baker, Clay, and Nassau counties within one year. Statewide expansion into other counties is envisioned in the next several years. Legislative approval is required. Services to recipients will be provided by managed care plans, which will include health maintenance organizations and provider service networks (PSN).

By definition, PSNs are organized and managed by providers. A PSN gives participating providers a voice in the plan's administration. Administrative services such as claims payment can be subcontracted. The agency is encouraging local medical communities to develop PSNs. This gives providers the opportunity to participate in Medicaid Reform. Should providers not create a PSN, they may subcontract with a plan as a component of the plan's provider network.

The capitation rates paid to all managed care plans will be risk-adjusted, based upon the status of the recipients' health and several other factors. In order to encourage market entry by new plans, especially in rural and underserved areas, the state will establish a premium structure consisting of a comprehensive and catastrophic component. The plans will have the option of assuming risk for the catastrophic component and receiving the premium which is established above a state established threshold. The comprehensive premium will represent those services that most recipients need most of the time. All plans must have comprehensive benefits.

An innovative component of reform is an enhanced benefits package. Recipients who engage in healthy behaviors will have money deposited into an enhanced benefit account. They can use these dollars to purchase other services not covered by Medicaid, such as over the counter drugs. Recipients who lose Medicaid eligibility will be able to access these funds for up to three years. These dollars may help recipients cover private insurance premiums and thus bridge the gap between Medicaid and private insurance.

Another feature of Medicaid Reform is the "opt out" provision. Individuals with access to employer-sponsored health insurance may elect to use their Medicaid premiums to pay the employee share of employer-sponsored insurance. This provision will empower recipients to choose how they wish to receive their health care services.

The agency thanks all physicians who are participants in the Florida Medicaid program and welcomes your participation in Medicaid Reform. For more information, please feel free to call me at (850) 488-3560.



EATING DISORDER AWARENESS

The News-Press and the Eating Disorder Awareness and Education Fund of the Southwest Florida Community Foundation...

...Especially invites all PHYSICIANS and/or their DESIGNATED STAFF professionals, with Special Emphasis to those physicians who treat teen and pre-teen children, and young women, to attend a free forum, open to the public, concerning the health dangers, awareness of, education and treatment of Eating Disorders to be held at HARBORSIDE CONVENTION CENTER, on Edwards Drive, in downtown Fort Myers on Tuesday, September 27, 2005 at 7:00 p.m.

It has been estimated that between ten and twenty million females and one million males are dealing with Eating Disorder issues in the United States, and some local health officials have termed Eating Disorders as now having reached "epidemic proportions."

Featured Speakers will be from The RENFREW CENTER; the nation's first freestanding residential treatment facility solely dedicated to treatment of women with Eating Disorders and related mental health issues in the United States:

Dr. Shawn Gersman, M.D. Psychiatrist, Florida Renfrew Centre and

Dr. Gayle Brooks, Ph.D., Florida Renfrew Center

Director Department of Counseling at Renfrew Centre, Florida

AND Ms. Johanna Kandel, Founder and Executive Director of The Alliance for Eating Disorder Awareness, a Tax Exempt Charity, of North Palm Beach Florida.

In addition there will be provided that evening to those Medical Offices who request it, at no charge, educational material and pamphlets prepared by and approved by the National Eating Disorder Association, of Seattle Washington, for parents and patients, teachers, counselors, and coaches -- as well as there will be available that evening, for any Physician's Office requesting it, at no charge, a copy of a technical book especially written for physicians and counselors entitled "Eating Disorders: A Guide to Medical Care and Complication" by Drs. Mehler (MD) and Anderson (MD). This is a current volume and has been described as "a hands-on user friendly and comprehensive guide for primary care physicians and mental health professionals."

Seating will be limited to 400 so that we suggest that you come early to assure seating. A SPECIAL SIGN-IN TABLE FOR PHYSICIANS AND STAFF WILL BE SET ASIDE WHERE THE INFORMATIONAL MATERIAL AND BOOKS WILL BE AVAILABLE TO YOU.

WE LOOK FORWARD TO SEEING YOU ON SEPTEMBER 27, 2005 AT HARBORSIDE AT 7:00 P.M. FOR WHAT WE BELIEVE WILL BE AN INFORMATIVE AND EDUCATIONAL FORUM.

DEPT OF MEDICINE, UNIVERSITY OF  
FLORIDA, JACKSONVILLE  
SEEKING APPLICATIONS FOR

FACULTY POSITIONS  
DIVISION OF MEDICAL ONCOLOGY  
AT THE CLINICAL ASST/ASSOC  
PROF LEVEL

This is in conjunction with the anticipated opening of the nation's 4th Proton Beam Therapy facility on the Jacksonville campus, and the University of Florida's intent to establish an NCI designated Comprehensive Cancer Center. Candidates should be BC/BE in Medical Oncology. Academic rank will be commensurate with experience. Anticipated negotiable start date of October 1, 2005.

Interested candidates should submit a CV and 3 letters of support to: James Chingos, MD, Chief, Division of Medical Oncology, University of Florida Jacksonville, 653-1 West 8th St, LRC 3rd Floor, Jacksonville, FL 32209. FAX (904) 244-3082 Salary is negotiable. Reference LP#00021373. The University of Florida is an Equal Opportunity Institution.

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