



Bulletin

Editor: Mary C. Blue, M.D.

2008 LCMS General Membership Meetings

May General Meeting

Thursday, May 15, 2008
6:30 PM

Topic: "Emergency Preparedness and Disaster Management: Medical, Ethical and Legal Challenges."

Special Speaker:

Anna Maria Pou, M.D.
Rick Simmons, Esq

Royal Palm Yacht Club
2360 West First Street
Downtown Fort Myers, FL

Limited Seating

Make reservations to:

Lee County Medical Society
239-936-1645

Pictorial Directories Available

2007-2008 LCMS Pictorial Directories are available for your office and patients at no charge. They can be picked up at our office at:
3805 Fowler Street, Ste 2
Fort Myers, FL 33901

Insert

- May Meeting Notice
- FMA Annual Meeting Resolutions
- Interact Technology Advertisement
- Gevity Advertisement

Inside this issue:

<i>Membership Activity</i>	2
<i>As I Recall...</i>	3
<i>Alliance News</i>	4,5
<i>The Return of Hurricane Season</i>	6
<i>Collaborative Family Law</i>	8
<i>American Cancer Society</i>	9
<i>Rebuilding the Medical Staff</i>	10
<i>Odds and Ends</i>	11

President's Message

The Sky is Blue in Washington DC

Dean Traiger, M.D.



The biggest issue in medicine today is the continuing reductions to physician reimbursement by Medicare. Currently we are half-way through a six month hold on the cuts, however we can expect a 10.6% decrease in fees on July 1, 2008 and another 5% decrease on Jan 1, 2009. That is, unless congress steps in to stop this from happening.

At the beginning of April, the AMA held its annual National Advocacy Conference in Washington DC. This was my second year attending this conference along with approximately one thousand other physicians from across the country. The conference emphasized the AMA's agenda and provided a forum to discuss political issues with the AMA leadership, advocacy staff, and with our legislators personally.

This year's speakers included notables such as Tony Snow, the former White House Press Secretary and long time political commentator. Some light moments were shared by Paul Begala, former top aide to President Clinton, and Tucker Carlson – Senior Campaign Correspondence for MSNBC. The Nathan Davis Awards dinner was hosted by Forrest Sawyer, former anchor from ABC News. Many legislators were also invited to speak to the physician assembly. We heard from Senators Ron Wyden (D-Ore), Tom Coburn MD (R-Okla.) and John Barrasso MD (R-Wyo.) discussing their health agenda. Senator John Kyl (R-Ariz.), Representatives Tom Feeney (R-Fla.) and Shelly Berkley (D-Nev.) spoke about Medicare and payment reform. Sen. Kyl has been a longtime supporter of medicine and Rep. Feeney, though in his first year, appears to be in strong support for physicians and patients.

There are currently 2 bills proposed in

Congress that are working through the pipeline. Representative Feeney is requesting a law, H.R. 4736 that will allow nonparticipating physicians to balance bill patients under the Medicare program. This will remove the current 115% limiting charge. Balance billing provides a means to bridge the gap between inadequate Medicare payments levels and actual increases in medical practice costs. This law will also preempt any state laws that prohibit balance billing.

The second bill is S.2785 called the "Save Medicare Act of 2008" introduced by Senator Stabenow (D-MI.). This bill is critical in helping to preserve the Medicare program and ward off the steep pending cuts in physician reimbursement rates. The major provision of the bill will extend the 0.5% increase through Dec 31, 2008 (averting the 10.6% cut) and also to provide physicians with a 1.8% increase for 2009 (averting the scheduled 5% cut). These updates are fully funded which means it will not increase the size or duration of future cuts.

The second day began with a rally outside the Capitol where all the physicians wore their white lab coats. In blustery 50 degree weather, hundreds of physicians called for Congress and the President to fix the broken medical system in the US and to save our patients. After the rally we broke into small groups to meet individually with our local representatives to discuss the current proposed legislation to halt physician reimbursement reductions and to implore them to find a way to fix the broken system despite the difficulty and expense it will entail. Dr. Joseph Gauta, the President-Elect of the Collier County Medical Society, and I met with Representative Connie Mack. We explained to Rep. Mack the expected impact of the current policy on our local area, including a \$1.2 billion loss in

Continued on Page 9

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
www.lee-county-medical-society.org

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

CO-EDITORS

Mary C. Blue, M.D.
John W. Snead, M.D.

EDITORIAL BOARD PRESIDENT

Dean Traiger, M.D.

PRESIDENT ELECT

Larry Hobbs, M.D.

SECRETARY

Craig Sweet, M.D.

TREASURER

Cherrie Morris, M.D.

PAST PRESIDENT

M. Erick Burton, M.D.

MEMBERS-AT-LARGE

Howard Barrow, M.D.
Stuart Bobman, M.D.
Valerie Dyke, M.D.
Stephen Laquis, M.D.
Alexander Lozano, M.D.
Richard Macchiaroli, M.D.
Stephen Schroering, M.D.
Shahid Sultan, M.D.
Kenneth Towe, M.D.

MANAGING EDITOR

Ann Wilke, 936-1645

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 represent sponsorship or endorsement by the Lee County Medical Society nor necessarily implies the accuracy or reliability of any advertisement displayed in this publication. © 2008 LCMS.

PRINTERS

Insta Print

Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meeting minutes are available for all members to review.

MAY GENERAL MEMBERSHIP MEETING

Special Speakers: Anna Maria Pou, M.D. Rick Simmons, Esq.

Anna Maria Pou, M.D. is an otorhinolaryngologist in Louisiana. Dr. Pou stayed behind in New Orleans during Hurricane Katrina to care for the patients at Baptist Memorial Hospital.

Dr. Pou and her attorney Mr. Rick Simmons look forward to helping us by showing what they have learned over the past 2 years.

Program:

**“Emergency Preparedness and
Disaster Management:
Medical, Ethical and Legal
Challenges.”**

Sponsored by



Date:

Thursday, May 15, 2008

Time:

**6:30 p.m.— Social Time/Dinner
Program to follow dinner**

Location:

**Royal Palm Yacht Club
2360 West First Street
Fort Myers, FL**

Make Reservations to:

**Lee County Medical Society
239-936-1645
or send back insert.**

**Cost for Program/Dinner
is \$25—Members,
Spouses and Guests**

Membership Activity

If you have a new physician in your practice or know a new physician coming to town, please contact the Lee County Medical Society at 936-1645 and we will send them an application.

Reactivation

H. Lee Adkins, D.O.

New Address

Carmen Barres, MD
Lee Physicians Group
1303 Homestead Road
Lehigh Acres, FL 33936
Tel: 239-303-0926

Michael Verwest, M.D.
Charlotte County VA Clinic
4161 Tamiami Trail Unit 4
Port Charlotte, FL 33952
Tel: 941-235-2712

Members in the News

This section is for Lee County Medical Society members' accomplishments. Please send in your newsworthy items to the Medical Society office to fax 936-0533 or email awilke@lcmsfl.org.

Dr. Joseph K. Isley Jr. has marked his 50th year sitting on the American Cancer Society's board of directors. At 84 years old, the semi-retired radiologist continues to volunteer at many of the society's local events including Relay for Life and Making Strides Against Breast Cancer. He still works part-time in the radiology department of the Veterans Administration Outpatient Clinic in Fort Myers. Isley has been named an Honorary Lifetime Member of both the local and state division, and in 1991 he received the Volunteer Leadership Award for the Florida Division. In 1994, he was the recipient of the Connie Mack Humanitarian of the Year Award for the Lee County Unit

As I Recall...

Roger D. Scott, M.D.

Oldies But Goodies

A few months ago Richard Akin (Lee Memorial Health Systems Board member) approached me with "What do you think about memorializing the pioneer physicians of Lee Memorial medicine?". Since I am old and collect old and odd objects the idea of helping preserve the heritage & history of the old physicians was very appealing. Richard took this thought to the Board and then reported that they were very receptive to this idea. I was asked to name the pioneers from when (?) to when (?). It was easy to begin the list at 1916 (the year of the opening of the original wooden Lee Memorial Hospital on the corner of Victoria & Grand), but the difficulty arose with the cut off date for so many new physicians over the years have brought new techniques and knowledge to all of us. After much mental anguish & self deliberation, it seemed reasonable that the cut-off date should be 1968 when we moved from the old two-storied 1943 brick LMH into the new vastly improved & "modern" six-storied Cleveland Ave. building. (Yes, it was six stories initially, but the sixth floor was only a shell. Later the seventh and eighth floors were added along with completion of the sixth floor.)

A committee consisting of Cathy Stephens (Board of Directors' Liaison), Sandy Wharton (Medical Staff Systems Director), [We must realize that these two ladies really run the hospital], Karen Krieger, Karen Mueller, Mark Johnson (Media Producer), Jimmy Nicholson (Mark's assistant), Richard & old me was formed. We found the hospital's historical physician information to be very scant, and my recollections to be more extensive, but then Sandy was able to dig deep to add to our list. Cathy, through the Board, began planning a reception, reunion type dinner that would be held in the Southwest Regional Hospital's auditorium and with tours of the Museum of Medical History to drop us back in time.

A list of physicians and dentists beginning with the oldest living physician (Dr. Carey N. Barry) admitted to the staff in 1953 and continuing through 1968 was prepared with as much information as could be obtained. Of the hundred twenty-four names (MDs and DDSs, no DOs) collected, we believe that only forty-three are still living with nine of these living out of town. I was delegated to contact all of the living local physicians in an attempt to determine their interest in this project and their willingness to have a video interview recorded for posterity. Contact was made with twenty-nine, three more are known to be too ill to participate, and two did not respond to my repeated calls. Four contacted declined to be interviewed but would probably attend a reunion. Twenty-five agreed to have the video recording and at the time of this article preparation, twenty recordings (thanks to Mark and Jimmy) had been completed and one physician came back for a second session!

How fortunate it was for me to be able to attend sixteen of the sessions as I learned much about the individuals, medicine, and life in general with many things unknown to me before. Impressing was how nicely each one had aged and

communicated well. Several testimonials revealed that the individual had "always wanted to be a doctor", some had admired their relative or family physicians so much that they desired to become a physician, some because of the science, some for trying to piece the puzzle of diagnosis and treatment together, some because physicians were generally respected and admired by the public, one as a child operated on his sister's dolls and decided at that time to be a doctor, and some because it just happened for one reason or the other. For me it was because my father (whom I respected most highly) suggested that I should do it even though I had previously had bad experiences with doctors. All expressed their love of the old Fort Myers (and its populace) as a wonderful place for families to grow up in and with almost daily interaction and cooperation among the physicians. One physician was drafted out of practice here to serve in Vietnam and thought that he would relocate somewhere else after Vietnam, but when on leave he came over the old bridge and saw the beautiful sunset and knew that Fort Myers was for him. One physician came in 1958 and after a few years returned to North Carolina, but after two years realized how much better Fort Myers was and returned here. All agreed that we had a good medical community & practiced good medicine. Some had terrible financial difficulties but fought and won the battle to become a physician. It seems that we all had terrible hours of work that we loved. All except for me hated the emergency room call.

All that I witnessed agreed that they loved the practice of medicine and their patients. They pretty much all agreed that it was "the Golden Age of Medicine" with modern equipment of the day as it was possible to treat the patients as you desired without the stringent restrictions of today's practice, the fear of malpractice, and the government intervention. We all agreed that the high-tech medicine of today is also a Golden Age of Medicine but quite different than that of old and with its own "pioneers".

In the early days some of the Doctors of Dental Surgery (D.D.S.) were on the staff of the hospital but rarely used the hospital until our first oral surgeons, Jerry Laboda and Frank DiPlacido, routinely operated there. Frank was scheduled for videoing but had to cancel and was rescheduled, but he had a most unexpected demise before he could be videoed.

When questioned "Would you do it all again?" -- a unanimous "yes", and some agreed that just as there is a Joy of Sex there is a Joy of Medicine.

There was a gathering on April 24, 2008 to honor Doctors Agnew, Arnall, Barry, Beehler, Bercaw, P & R Brown, Butler, Cushman, Dakos, Dawson, Garner, Garrett, Giles, Glenn, Gore, Graves, W.Hagen, Hendry, Hillyard, Hinkel, Howington, Hughes, Isley, HQ Jones Jr., Klingerman, Knight, Laboda, Lowry, McCall, Northcutt, JP O'Bryan, Payne, Pizaris, Rawl, J.Ritrotsky, Sr, Schmidt, Scott, S. Smith, R. Stubbs Sr., Tate, Walsh, Wiley and the many spirits of those departed.

Thank you Lee Memorial Health System for remembering all of us.

LCMS Alliance Foundation News

Jennifer Kim and Mary Macchiaroli, Co-President's

This is our last message as your Alliance co-presidents. We enjoyed serving in this role, working with the members of the Board of Directors and committee chairs, and meeting new members of the Alliance and the community.

We would like to thank all of the people that worked very hard on the events and projects throughout the year. The members of our board are listed below, but we would like to especially thank our vice president, Christina Prendiville; our treasurer, Nicole Laquis; Recording Secretary Robbin Sonn; Corresponding Secretary Anne Wittenborn; Parliamentarian Sherri Zucker; Immediate Past President Michele Tyson; Legislative Chair Betty Rubenstein; and Nominating Committee member and Play Group Chair Jodi Johnson for attending the board meetings and providing valuable input and guidance.

We owe thanks to so many people! Christina Prendiville put on a lovely Welcome Brunch. John Miksa set up fabulous supper clubs each month. Jodi Johnson diligently planned monthly play groups for the little ones. Glynn Garramone published our crucial directory. Michele Tyson, Dr. Kimberly Ghuman, and Alice Manuelides put on a spectacular Potluck in Paradise at the beautiful, riverfront home of Dr. Mark and Mrs. Lynne Gorovoy. Tami Traiger continued our efforts with S.A.V.E. AND coordinated our Doctors' Day recognition party. Juli Bobman and Tracy Cullimore put together a super cool charity basket for the holiday party. Sherri Zucker took on the responsibility for the Holiday Sharing Card. Lynne Gorovoy opened her home a second time to host the Medi-Bags assembly party. Thank you all for putting on the events that brought us all together and for doing the important work of the Alliance.

Working behind the scenes over the past ten months were Ann Shah, our membership chair, tirelessly tracking our membership and appealing to long-term members to renew and inviting new members of our community to join us. Betty Rubenstein faithfully pursues a better future for the family of medicine in Florida by tracking legislation and garnering support for FLAMPAC and the MD1000 Club. Deb Fransway took on what Jen and I consider the intimidating task of posting everything on our website throughout the year. And we owe a tremendous amount of thanks to Ann Wilke and Cynthia Greenfield and Marian McGary at the Lee County Medical Society. Without the support of those three lovely ladies, we would struggle to exist!

Medi-Bags

The Medi-Bags is a statewide project sponsored by the Florida Medical Association Alliance. This project involves the collection and distribution of personal hygiene and basic first-aid products. These items are then assembled into "Medi-Bags" and distributed to an organization in our community. The 2008 Medi-Bags Project was Chaired by Lynne Gorovoy. The volunteers in attendance were Betty Rubenstein, Sherri Zucker, Mary Macchiaroli, Jennifer Kim and Matthew Kim. We were able to assemble 175 bags for ACT, our charity this year. ACT, Abuse Counseling and Treatment, Inc., is a private, not-for-profit agency committed to serving victims of domestic violence and sexual assault. We would like to thank all who donated to this worthy cause and a special thanks to the Medical Society for letting us utilize the office as a drop off center. We appreciate everyone's support!



Doctors Day Event

Tami Traiger, LCMS Alliance

On Friday March 28th the Lee County Medical Society Alliance honored the Physicians of Lee County and celebrated Doctors' Day with a Cocktail Party at the new digs of the Lee County Medical Museum. Doctors Day is a dedicated day to recognize contributions and commitments of all American physicians. National Doctors Day provides an opportunity for people to show appreciation to the doctors who care for them or their loved ones.

Dr. Jacob Goldberger and Dr. Roger Scott welcomed about 80 guests to the Southwest Regional Auditorium where the Museum is now located. Cocktails and hors d'oeuvres were provided by the generous underwriting of the Lee Memorial Health System. About 15 great items were raffled away with the proceeds to benefit the Medical Museum. Dr. Scott gave tours of the new Museum that has been set up in the offices of the auditorium. Each office area holds a collection of Medical Antiquities including a "pharmacy", operating room, "bed pan" room, as well as a vast collection of historical memorabilia the Museum has gathered over the past few years. The Museum is continuing to grow under the leadership of their board and the help from the community. Should anyone wish to volunteer their time or make a financial contribution to the museum, please contact Ann Malone 940-2463 (mmalone@goldbergersurgery.com) for more information.

The event was graciously sponsored by Edison Nation Bank, the Lee County Medical Society Alliance, and Lee Memorial Health System.



Ms. Louise Sessions, Dr. Roger Scott, Mrs. Karen Nathan and Mr. Jim Nathan



Mrs. Betty Rubenstein, Dr. Jim Rubenstein, and Mrs. Tami Traiger



Dr. Janette Gaw, Dr. Dean Traiger, Dr. Valerie Dyke, Mr. John Miksa and Dr. Jacob Goldberger

LCMS Alliance Also Politically Involved

Betty Rubenstein, LCMS Alliance Legislative Chair

The MD1000 Club began as an offshoot of FLAMPAC (the Florida Medical Association Political Action Committee). FLAMPAC endorses targeted medicine friendly candidates but is only allowed to contribute up to \$500 towards each candidate's campaign in a 2-year election cycle. The Florida physicians and their political advisors decided that in order to make a significant contribution towards a candidate's campaign, they would have to form a Political Action Committee. A large contribution helps give the physicians and the FMA lobbyists access to speak with that candidate. When they are elected, hopefully they will be open to speak with us more.

A pledge of \$1,000 over a two-year election cycle is what we ask. Many physicians and some Alliance members make out their \$500 check to: **People for a Better Florida**, a physician friendly advocate group, and mail it to me at: Betty Rubenstein, 13301 Ponderosa Way, Ft. Myers, FL 33907, or send it to the Medical Society Office. We in turn send it up to the FMA in Tallahassee.

The next half of the pledge is completed usually closer to the end of a campaign when a candidate really needs the money for one more push to get elected. I will call you, or the Medical Society will alert you, and let you know who to make that check out to and arrange to pick it up.

Many Alliance members make a \$200 pledge over a two-year election cycle. I then bunch 5 Alliance members together to make up one MD1000 Club membership. These members send me a check for \$100 made out to: People for a Better Florida. Again, I will call you for the other half of your pledge when it is needed.

I would like to take the opportunity to thank the following members of the LCMS and Alliance who have made a \$1000 pledge, Drs.:

Todd Atkinson	Jonathan Daitch	Mrs. Elizabeth Kagan	Joseph Walker
Eleanor Blitzer	Valarie Dyke	Otto Kunst	Michael H. Weiss
Peter Blitzer	Mr. John Miksa	George Markovich	Steve West
Stu Bobman	Ralph Gregg	Steven Priest	
Erick Burton	Eliot Hoffman	Jasper Rizzo	
Michael Collins	John Kagan	James Rubenstein	

I would now like to take the opportunity to thank the following members of the LCMSA who have made a \$200 pledge:

Rahel Brown	Lynne Gorovoy	Mary Macchiaroli	Lisa Roland
Nancy Burton	Elaine Green	Alice Manuelidis	Betty Rubenstein
Elizabeth Caangay	LiSu Javedan	Diana Mehlman	Diane Seidenstein
Linda Chazal	Jennifer Kim	Cherie O'Mailia	Karen Weiss
Kristen Collins	Nicole Laquis	Joan Pascotto	Anne Wittenborn
Joan Davis	Renee Lane	Marie Pinto	Sherri Zucker
Eloise Frey			

It is great to see so many members understand the importance of Physician involvement in the political process. **We cannot achieve our political agenda without financially backing physician friendly candidates. WE STILL NEED MORE PARTICIPATION!** Don't let those listed above do all the work. If your name is not listed, send a check to me made out to People for a Better Florida today so that your name will be listed in the next issue. All the physicians of Florida will benefit. My phone number is: 482-6327 if you would like to speak with me. Thank you!

Note from the Lee County Medical Society: *When fighting to protect medicine you have allies...the LCMS Alliance. Alliance Members made up of the spouses of LCMS members have also fought alongside the Lee County Medical Society and Florida Medical Association to protect patient and physician rights in the legislature. They have also served as key contacts to our senators and representatives and hosted fundraisers for local candidates. They have even given of their resources. We would like to thank Alliance members that are supporting the MD1000 Club.*



**Medical Office Space available for Sublease
in Lehigh Acres Professional Complex at**

3507 Lee Blvd #107.

**Shared space - 1 office with 3 exam rooms
Available immediately for 1-2 days per week.
Call 239-275-5522 for more information**

The Return of Hurricane Season

Judith Hartner, MD, Director, Lee County Health Department

It can't be the return of hurricane season! Already? Unfortunately, it is May and the hurricane center is predicting a busy year. Now is the time to prepare – waiting for the 5 day cone to cross your path is just too late. It is time to review (or write) disaster preparedness plans for your family and your practice. Hurricanes are just one of many potential causes of disaster. Keep in mind that the procedures you build for hurricane preparedness will serve you well in disasters from multiple causes.

Your disaster preparedness plans need to address the following:

1. Protection for yourself, your family and your property
2. Continuing care for your patients
3. Security of your employees
4. Continuity of your business

When you develop your disaster plan, think about how a disaster could affect your employees, patients and workplace. Think about how you could continue your practice if the area around your office is closed or streets are impassable. Think about what you would need to serve your patients even if your office is closed. Your colleagues in Charlotte County learned how important it is to quickly re-establish your practice after a disaster – for your community, patients, employees and bottom line.

Start building your plan now

Here are some suggestions you may want to consider:

- Decide when you will cancel elective surgeries and procedures – when we are in the 5 day cone, 3 day cone, when they issue evacuation orders? Canceling elective procedures will lessen the strain on the healthcare system during and after the storm.
- Assess all your patients for possible discharge 24 hours *before* an official evacuation order is expected, to help avoid a high volume of discharges on the day of evacuation.
- Keep phone lists of your key employees with you, and provide copies to key staff members.
- If you have a voice mail system at your office, designate one remote number on which you can record messages for employees. Provide the number to all employees.
- Arrange for programmable call forwarding for your main business line(s). Then, if you can't get to the office, you can call in and reprogram the phones to ring elsewhere.
- You may not be able to get to your office quickly after an emergency, therefore leave keys and alarm code(s) with a trusted employee or friend who is closer.
- Install emergency lights that turn on when the power goes out. They are inexpensive and widely available at building supply retailers.
- Back up computer data frequently throughout the business day. Keep a backup tape off site.
- Use UL-listed surge protectors and battery backup systems. They will add protection for sensitive equipment and help prevent a computer crash if the power goes out.
- Stock a minimum supply of the goods, materials and equipment you would need for business continuity. Consult with your insurance agent about precautions to take for disasters that may directly impact your business. Remember, most policies do not cover earthquake and flood damage. Protect valuable property and equipment with special riders. Discuss business continuity insurance with your agent.
- Keep emergency supplies handy, including
 - Flashlights with extra batteries.
 - First aid kit.
 - Tools.
- Food and water for employees and patients to use during a period of unexpected confinement at your business, such as if a tanker truck over-turned nearby and authorities told everyone in the area to stay put for an extended period.

Reduce Potential Damage

Prevent or reduce disaster damage in your facility by taking precautions, such as:

- Bolting tall bookcases or display cases to wall studs.
- Protecting breakable objects by securing them to a stand or shelf using hook-and-loop fasteners.
- Moving to lower shelves large objects that could fall and break or injure someone.
- Installing latches to keep drawers and cabinets from flying open and dumping their contents.
- Using closed screw eyes and wire to securely attach framed pictures and mirrors to walls.
- Using plumber's tape or strap iron to wrap around a hot water heater to secure it to wall studs.
- You should also consider having a professional install: Flexible connectors to appliances and equipment fueled by natural gas. Shutters that you can close to protect windows from damage caused by debris blown by a hurricane, tornado or severe storm. Automatic fire sprinklers.

Protect Your Employees, Patients and Business

Designate one employee from each work shift to be the safety coordinator. This person will make all decisions relating to employee and customer safety and to the safety of the business itself. Safety coordinators should know how to contact the owner or operator at all times.

Everyone in your facility should know how to prepare for a disaster and what to do if a disaster occurs. Contact your local Red Cross chapter for specific information about how to stay safe in a tornado, earthquake, fire, flood, hurricane or other hazard.

2008-2009 All Hazards Guide is Now Available

The 2008-2009 All Hazards Guides have arrived for Lee County residents in:

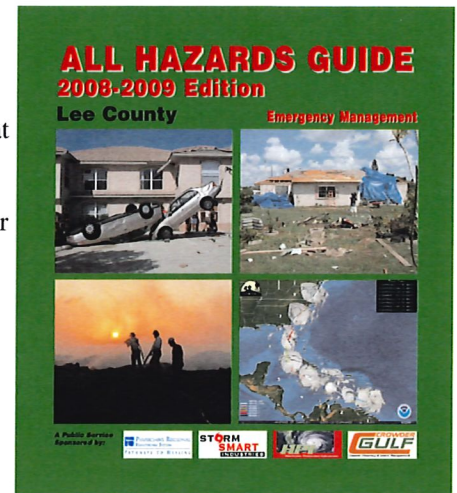
- .. English
- .. Spanish
- .. Haitian-Creole

Currently they are only available at the Lee County Emergency Operations Center (EOC) at 2665 Ortiz Ave., Fort Myers, FL.

Please give us a call prior to coming to the EOC at (239) 533-3622 or (239) 477-3600 for pick-up of the guides, so we can have someone present to assist you!

The guides will also be available next week at:

- .. Lee County Libraries
- .. US Post Offices
- .. Chambers of Commerce
- .. Some Lee County buildings
- .. Fire and Police Stations



AMA : Helping Doctors Help Patients

The American Medical Association (AMA) steadfastly pursues its mission to promote the art and science of medicine and the betterment of public health. Guided by the principles of leadership, excellence, integrity and ethical behavior, the AMA strives to be an essential part of the professional life of each of its physician and medical student members.

AMA members from every state and specialty are united in their commitment to the highest standards in patient care, practice management and professionalism.

Together we are stronger.

In 2008, AMA members nationwide are united in their attention to the most important professional and public health issues.

The AMA is committed to ensuring patients' access to medical care by advancing its nationwide "Voice for the Uninsured" campaign, achieving fair Medicare payment and reforming the medical liability system.

The AMA is committed to excellence in patient care with a sharp focus on quality improvement and patient safety, overcoming racial and ethnic disparities in care, developing new models of long-term and geriatric care, and applying health information technology.

The AMA is committed to enhancing public health with innovative programs that encourage healthy lifestyles, promote proper immunization and prepare health care professionals for disasters and other emergencies.

The AMA is committed to improving medical practice economics by strengthening physician negotiating authority, curbing abusive health plan policies and providing effective practice management tools.

The AMA is committed to advancing physician education and professionalism through innovation in medical education and relief from medical education debt.

The AMA is committed to helping doctors help patients by providing products, programs and services that enhance their patient care, practices and profession.

To learn more about how the AMA is helping doctors help patients, visit www.ama-assn.org or call (800)262-3211.

Collaborative Family Law Saving Families, One At A Time - Part 1

Sheldon (Shelly) E. Finman

Our current court system is based upon the adversary system. Lawyers are retained to fight for their client's rights and/or defend the other side. Lines are drawn in the sand quite typically. Initial pleadings are filed in the form of a Complaint or Petition. The Defendant, or responding party, is served by a process server with a copy of the Complaint or Petition and a Summons, which requires the Defendant or responding party to file his or her Answer or Response within twenty days of being served. Typically, such a response will include a Counter-Claim or Counter-Petition. These initial court papers provide the scope of issues wherein battle lines are drawn. The person having been served is full of emotions, mostly surprise, fear and anger. **Why must a dissolution of marriage begin in such a dire and drastic manner?** The simple answer is: **MOST DIVORCES NEED NOT BEGIN IN THIS MANNER.**

A different, more respectful and fair-minded process has evolved. In Southwest Florida, a problem solving, resolution-oriented dissolution of marriage process was created as an aspirational model during the 1990s. We named it "Cooperative Law". On or about the same time, a family law attorney in Minneapolis, Stu Webb, created a process designed to eliminate the flaws and deficiencies found in the typical adversarial model. Stu named his process "Collaborative Law".

Comparing "Cooperative" and "Collaborative" law models appears simple. The problem-solving Cooperative Law model has potential for court involvement if all matters are not resolved. However, the Collaborative Law model involves no court. If all of the matters are not completely resolved, the lawyers and any experts withdraw.

The models are similar in that both utilize neutral experts; that is, one objective expert as opposed to two forensic experts engaged by each side as in the adversary process. Already, one can reasonably understand the engagement of a neutral expert can significantly reduce time, fees and costs, and provide objective data, compiled and overseen by both sides at the same time. Where the two models differ is in the disqualification of the experts upon impasse.

Therefore, the key component of collaborative practice, the lawyers' potential disqualification, is the exact commitment that defines and shapes the collaborative process.

The Cooperative model can be instituted without the filing of court pleadings at the onset of the divorce. Or, pleadings are typically filed whereupon the attorneys and parties can voluntarily elect to engage in the cooperative model.

Lawyers who file initial pleadings may feel compelled to do so for practical and technical purposes. First, preservation of assets and not altering the financial status quo is a legitimate concern. In Southwest Florida, upon the filing of a Petition for Dissolution of Marriage, the court enters an automatic Standing Temporary Order, which sets forth parameters of conduct by the parties upon the filing of the Petition to dissolve the marriage. For example, both parties clearly understand not to alter the current and existing financial status quo. No changes of insurances, significant borrowing of money or incurring debt are permitted. Moreover, the purpose is constructive and allows for a more level playing field and also attempts to avoid any potential irreparable financial action which could be prejudicial, if not devastating. Therefore, this protection and security would appear to be appropriate. However, **the parties, through counsel, can sign an agreement to preserve and protect the assets without the necessity of filing initial court papers.**

Another concern is establishing a cut-off date/valuation date. In Florida, the filing of initial dissolution of marriage court papers automatically establishes a time line for valuation of assets and determination of liabilities. Further included is a time frame in which the parties' active work efforts at generating income and acquiring further assets, equity and liabilities, can be considered as separate (as opposed to marital). A reasonable concern would be to have a firm date established in this regard or else a chaotic process may ensue months later, if there is no ultimate settlement. However, **the parties can enter into a written agreement which makes reference to and establishes a date or dates.**

Another concern and reason why some lawyers may feel the need to file initial court papers is a dire need for temporary financial assistance, aid or order of restraint. However, **if the parties have engaged their lawyers, what better option is there at this very early stage than to discuss these matters of concern mutually and attempt a quick resolution, perhaps without prejudice, pending further discussion?** Also, having the parties and lawyers convene together and discuss temporary needs is more likely to result in a temporary settlement at the outset, paving the way for more cooperation.

Another reason why most family law attorneys file initial court papers upon being retained is because that is the way it is done. In other words, there is no thinking involved, no particular reason other than the fact that that is the way it has always been done. That is how the adversary process works. The lawyer is retained. The lawyer files initial court papers.

To be continued, this article is part 1 of a 3 part series.

Shelly Finman is a Florida Bar Association Board Certified Marital and Family Law Attorney, a Supreme Court Certified Family Law Mediator, and in addition to having practiced in Southwest Florida for over 30 years, has lectured and trained other legal professionals all over the country in non-adversary family law. Shelly is also raising awareness in Southwest Florida of the adaptation of collaborative family law to medical malpractice and errors. Shelly can be contacted at (239) 332-4543; PO Box 1380, Fort Myers, Florida 33902; and maintains his offices at 2134 McGregor Boulevard, Fort Myers, Florida 33901.

Highlighting a Social Service Agency...

American Cancer Society

The American Cancer Society is the nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, diminishing suffering from cancer, through research, education, advocacy and service.

American Cancer Society
4575 Via Royale Ste 110
Fort Myers, FL 33919

239-936-1113 (O) 239-936-3763 (F)

Hours of Operations: 9:00 am – 5:00 pm

www.cancer.org

800-227-9954 (Patient Service Line)

Hours of operation: 8:00 am – 6:00 pm

National Patient Service Line 800-227-2345

Hours of operation 24/7

Directions to local office: From I-75 take Exit 22 west to Summerlin, turn left. Take the first right (Royal Palm Blvd). Office is on the right hand side. From McGregor head East on Royal Palm Square Blvd.

All American Cancer Society programs are free.

Cancer Resource Center - Gift Closet

Provides specific items to cancer patients at no charge: The ONLY items carried are: Breast Prosthesis and bras, wigs, turbans, scarves, comfort caps, and limited Ostomy supplies.

Contact: 239-936-1113 Hours of Operations: 9:00 am – 5:00 pm

Reach to Recovery

Contact with a woman facing a diagnosis of breast cancer by a breast cancer survivor. All visitors are trained and certified by Reach to Recovery standards.

Contact: 800-227-9954 (Patient Service Line) Hours of operation 8:00 am – 6:00 pm

Look Good...Feel Better

A free service which teaches cancer patients hands-on cosmetic techniques to help them cope with appearance-related side effects from chemotherapy and radiation treatments, provided by certified/trained cosmetologists. This is a non-medical service that does not promote any cosmetic product line. Group classes and one-on-one services are available, depending on the area.

Contact: 800-227-9954 (Patient Service Line) Hours of operation 8:00 am – 6:00 pm

Man to Man

Man to Man is an American Cancer Society Signature Program. A support and education program for those affected by prostate cancer. The program may include a group support program, visitation component, and support for partners.

Sessions are held at: SWFL Regional Medical Center, 2727 Winkler Ave, Fort Myers, FL 33901

Sessions meet: Meetings are held the 3rd Wednesday of the month September – May in the Patty Berg Cancer Center, Conference Room.

Time Sessions Meet: 5:30 – 7:00 pm

Contact: 800-227-9954 (Patient Service Line) Hours of operation 8:00 am – 6:00 pm

President's Message Continue from Page 1

reimbursement to Florida physicians if the proposed cuts go through. He gained a clearer understanding of how physicians are retiring sooner, leaving Florida, or limiting their practices in order to try and survive. He has promised to support our patients and physicians and to consider co-sponsoring Rep. Feeney's bill.

I came away from Washington DC with a new understanding of the political process. Our legislators are listening to us; they realize the problem and want to take steps to protect patients and physicians. However, they lack the boldness to take the necessary steps to permanently fix Medicare. This is partly due to the enormous cost (currently estimated at \$280 billion) and their desire to retain their position. Fortunately for us, the AMA has dedicated people who are working tirelessly to improve medicine in a very difficult arena. Therefore, it is the duty of every physician to continue to educate their patients and encourage support for our cause which will ultimately benefit them by ensuring they have access to their physicians. Furthermore, each physician should contact their legislators and request support for these bills. We have a voice and can influence change but only if we all speak as one.

Rebuilding The Medical Staff

Jeffrey Cohen, Esq.

There is an old saying among indigenous peoples: take care of your community and your community will take care of you. Take care of your medical staff and it will take care of you. Physicians all over the country are crying foul at the influence exerted by hospital administrations. Yet what physicians are missing is the part they play in their current situation. They do not see how they got there and they cannot find their way home.

In the "old days," medical staffs wielded huge power and influence in their hospitals and communities. That has changed. Why? Who knows for sure, but certainly the societal changes in healthcare and payment for it is a large part. Physicians work harder for less, yet the cost of living and being in business continues to rise. The river is rising. And so they are stressed and distracted. There are not fewer patients. There are more. Medical practice has not gotten simpler. It has gotten more complex. In the end, physicians are shouldering a heavier load than ever, in every sense. Disheartened and stressed, many physicians have simply turned their backs on their staff organizations. And it snowballs because, having turned away from the task at hand, hospital business leaders step in to take responsibility for things that used to be sacred to the medical staff. And now weakened, medical staff members cannot rely like they used to on the organization to carry their interests. They do not feel safe. What can be done? Plenty, but it's not easy.

The first thing is to see how the organization got where it is today. See it as a business. Do you know its purpose? Are their systems in place to ensure its success? Are the resources in place to implement the business plan? Does it even have a business plan. The answers to these sorts of questions are today usually "no" or "I don't know." And that is the problem. It's not as simple as the hospital just wants to control. It's more like the leaders of the medical staff business walked off the job. How many physicians attend committee meeting? How many go to medical staff functions? How many ask questions? Seeing it more clearly, more responsibly will give the medical staff the power to change. The task becomes one of taking back the power and responsibility for the medical staff's destiny. A new course has to be charted and only physicians can do it. Or the hospital administration will do the job.

So the second thing is to chart a new course. Like any business, it takes visioning, planning and then...doing it. It takes hard work. Who will do it? Independently practicing physicians blame those contracted to the hospital, but this is misplaced. The medical staff can be much bigger and stronger than that. While contracted physicians have an inherent conflict of interest on many medical staff issues, they are not the problem. The problem is the weakness of the organization itself. Some say the problem is the call situation, but that is misplaced. Medical staffs, disorganized as they are, haven't taken the reigns enough to get legal advice, so they run in fear, each one of them ill informed and on their own. Remember watching those animal shows, where a young or injured animal is about to fall prey to the predator, but then the big bad predator runs off once the other members of the animal family circle around the vulnerable one? It's like that. Take care of the medical staff and the medical staff will take care of you. And then it'll seem familiar.

This article presented for educational purposes only and should not be taken as a substitute for legal advice which should be obtained from personal legal counsel.

Mr. Cohen is a partner with the Delray Beach/Ft. Lauderdale law firm of STRAWN, MONAGHAN & COHEN, P.A. He is Board Certified by the Florida Bar as a Specialist in Health Law. He may be reached at (561) 278-9400. You may also visit his website at www.jeffcohenlaw.com

©2008 STRAWN, MONAGHAN & COHEN. All rights reserved. Republication with attribution is permitted.

FMA Annual Meeting July 31-August 3, 2008

The FMA Annual Meeting will be held at the Rosen Shingle Creek Resort in Orlando, FL July 31-August 3, 2008. You may make reservations by calling the Rosen Shingle Creek—Toll Free: 1 (866) 996-6338 or visit their website www.rosenshinglecreek.com.

The FMA House of Delegates will be deliberating policy issues proposed through resolutions during committee discussion with voting to occur during open session on Sunday. (See enclosed form to make your own resolution.) Steven R. West, M.D. will be installed as the FMA President during a ceremony on Saturday evening. All Lee County Medical Society members are invited to participate in the FMA Annual Meeting and attend Dr. West's Installation.



Steven R. West MD

Odds and Ends

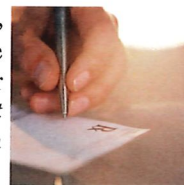


1st Annual Swings Against Cancer Charity Golf Tournament — 21st Century CARE's 1st Annual Golf Tournament will be held on Sunday, May 18th 2008 at the Renaissance Golf and Country Club. Your participation in the event will enable 21st Century CARE to meet its mission to provide cancer education to patients, physicians and the public, to conduct research and to provide financial assistance to cancer patients in need. Registration Deadline is May 5, 2008; you may also donate to this worthy cause—please call 239-938-9307.

FPIC Offering New Services To Policy Holders — Effective immediately, First Professionals Insurance Company is accepting credit card payments. We are very excited to offer this new service to our policyholders. We believe this payment option will be extremely beneficial to your physician membership as well as their office managers. Policyholders will be able to make full or partial premium payments online by visiting the Policyholder Services link on our Web site at www.firstprofessionals.com. We are currently accepting both Visa and MasterCard.

A recent article in PIAA Newsbriefs references the fact that arbitration has become a growing trend in the healthcare community. Articles containing this subject matter are appearing more frequently and therefore present an opportunity for me to remind all of you that FPIC has an arbitration program available to its policyholders. We will be happy to send an arbitration packet to any of your members that may be interested in the program. Additionally, we have several FPIC representatives that are available to personally discuss the program directly with you or your members.

Medicaid Tamper Proof Prescription Law Now in Effect — Beginning April 1, 2008, all written prescriptions for outpatient drugs prescribed to a Medicaid beneficiary must be on paper with at least one tamper-resistant feature as outlined by CMS. Beginning October 1, 2008 these same prescriptions must be on paper that meets all three baseline characteristics of tamper-resistant pads. ***Remember that if these guidelines are not followed that pharmacists will have to contact your office for a new correct prescription or have the prescription dictated over the phone. This will be very burdensome for you and your patients.***



Disclosure of Licensure Status to Patients a Must — Please be advised of the law & rule passed that requires all licensed persons to identify their license status.

456.072(1)(t) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under chapter 394, chapter 395, chapter 400, or chapter 429. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.

And here is the rule, which also applies:

64B8-11.003 Disclosure of Licensure Status.

All persons licensed pursuant to Chapter 458, F.S., and not exempt pursuant to Section 456.072(1)(t), F.S., shall identify the license under which he or she practices in one of the following manners:

- (1) The wearing of a name tag which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);
- (2) The wearing of an article of clothing on the upper body which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);
- (3) By orally disclosing to the patient, upon the licensee's initial in-person contact with the patient, that the licensee is either a medical doctor, a physician assistant, or an anesthesiologist assistant;
- (4) By providing, upon the licensee's initial in-person contact with the patient, a business card or similar document which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);
- (5) By placing notification in the lobby or waiting area of the location where the licensee practices, which contains a photo of the licensee and which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.).

Specific Authority 456.072(1)(t), 458.309 FS. Law Implemented 456.072(1)(t) FS. History-New 12-26-06

Lee County Medical Society

3805 Fowler Street Ste 2

PO Box 60041

Fort Myers, FL 33906-0041

PRSRT STD
US POSTAGE
PAID
FT MYERS, FL
PERMIT NO 534

Together We Are Stronger



First Professionals Insurance Company

Florida's Physicians Insurance CompanySM



Significant discounts available
for eligible LCMS members

Partners in Protection



Your patients deserve **your** undivided attention.
When you are insured with Florida's market leader
you can rely on **our** undivided attention.

Contact Shelly Hakes
Director of Society Relations
hakes@fpic.com | (800) 741-3742 ext. 3294
www.firstprofessionals.com