



# Bulletin

Editor: Mary C. Blue, M.D.

## 2008 Meetings & Events

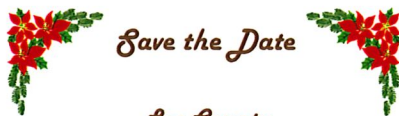
**"Is it Possible to Find Happiness as a Physician Today?"**

**Speaker:** Kernan Manion MD

Thursday, November 20, 2008  
6:30 p.m. – Social Time/Dinner

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

Make reservations to:  
Lee County Medical Society  
239-936-1645



*Save the Date*

*Lee County  
Medical Society & Alliance*

*Holiday Party*

*Monday, December 8, 2008  
7-11 p.m.*

*The Veranda Restaurant  
2122 Second Street*

*Invitation will be sent in the Mail*

## Insert

- November Meeting Notice
- Nominations for 2009 Officers
- Alliance Citrus Fruit Sales
- Alliance Holiday Sharing Card
- Lykes Advertising

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## President's Message

# Helping Physicians Practice Medicine

Dean Traiger, M.D.



There is much concern for the future of medicine, changes are inevitable. 2009 will bring us a new President of the United States and both candidates have stated their intention to bring major reform to Healthcare.

Such uncertain times breed fear and doubt.

The best response in planning our roles in this future is to work together – with the single goal of improving health care for our patients. It is truly an ambitious and altruistic goal.

Even locally, as healthcare is transforming, we must not lose sight of the bigger issues that are occurring on our state and federal levels.

The Lee County Medical Society represents physicians dedicated to serving their patients and community and protecting the integrity of the practice of medicine.

## How Does LCMS Membership Benefit Physicians?

- **Advocacy**  
LCMS works in conjunction with the FMA and AMA to inform Legislators at the state and national level on key legislative issues that impact physicians and their patients.
- **Camaraderie**  
Socializing with colleagues and their spouses is encouraged through various social events.
- **Communication**  
When the LCMS office receives calls from patients who experience a breakdown of communication with their physician or the office staff, LCMS makes every effort to restore the channels of communication.
- **Education**  
Category I CME events are offered throughout the year.

- **Grassroots Activity**  
LCMS functions as a grassroots organization to help promote the legislative agenda of the FMA and the AMA.
- **Information**  
Weekly informational bulletins are sent via fax and email on relevant legislative, regulatory and healthcare related issues that affect medical practices.
- **Referrals**  
Each year the Lee County Medical Society makes hundreds of referrals to area physicians. Our referrals are limited to LCMS physician members. The Medical Society provides the public with information about member physicians' medical backgrounds and board certifications.
- **Speaker's Bureau**  
The LCMS provides organizations with lectures on a variety of medical topics.
- **Web-Listing**  
Contact information for the offices and specialties of member physicians are listed on the LCMS website.
- **LeePAC (Lee Political Action Committee)**  
LeePAC works via voluntary contributions to support pro-medicine candidates running for State office.
- **Medical Society Alliance**  
The spouses of the members of the Lee County Medical Society. Their mission is to work in partnership with the Medical Society to promote health education, identify and address health care needs and issues, encourage involvement in legislative education, and support health related charitable endeavors.

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#### 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.*

## New Member Applicants

**Jon Burdzy, DO** attended NOVA Southeastern College of Medicine and obtained his DO degree in 1998. He completed his internship at Genecy's Regional Medical Center, Grand Blanc, MI (1998-99) and his residency at Florida Hospital East, Orlando, FL (1999-2001). Dr. Burdzy is a family medicine physician in solo practice at 7780 - C Cambridge Manor Place, Fort Myers, FL 33907.



**Jose Colon, MD** attended University of South Florida, Tampa FL where he obtained his MD degree in 2003. He completed his internship/residency at University of South Florida, Tampa, FL (2003-2005) and a fellowship at Vanderbilt University, Nashville, TN (2005-2008). Dr. Colon is a Pediatric Neurologist with Pediatric Neurology and Sleep Medicine at 16261 Bass Road Ste 100, Fort Myers, FL 33908.



**Lynne C. Einbinder, MD** attended Johns Hopkins University School of Medicine and obtained her MD degree in 1997. She completed her internship/residency at Georgetown University Hospital, Washington, DC (1997-2001) and fellowship at University of Maryland, Baltimore, MD (2001-2004). Dr. Einbinder is a cardiologist with Florida Heart Associates at 1550 Barkley Circle, Fort Myers, FL 33907.



**Alvaro Garcia MD** attended Universidad Central de Venezuela, Carracas, Venezuela where he obtained his MD degree in 1997. He completed his internship at Yale University, New Haven, CT (2001-2002), residency at Georgetown University, Washington, DC (2002-2005) and fellowship at Colon Rectal Clinic of Orlando (2005-2006). Dr. Garcia is a General, Colorectal, and Laparoscopic Surgeon with Associates in General & Vascular Surgery at 21 Barkley Circle, Ft. Myers, FL 33907.



**Michelle Mon, MD** attended University of Iowa College of Medicine where she obtained her MD degree in 1999. She completed her internship/residency at Univ of Iowa Hospitals and Clinics, Iowa City, IA (1999-2004). Dr. Mon is a general surgeon with Associates in General & Vascular Surgeons at 21 Barkley Circle, Fort Myers, FL 33907.



**Sharik Rathur, MD** attended Medical College of Georgia, Augusta, GA and obtained his MD degree in 2002. He completed his internship at Medical College of GA (2002-2003) and residency at Jackson Memorial Hospital, Miami, FL (2002-2007). Dr. Rathur is a radiologist with Florida Radiology Consultants at 2726 Swamp Cabbage Court, Fort Myers, FL 33901.



**Ashish Sharma MD** attended Wayne State University School of Medicine, Detroit, MI and obtained his MD degree in 2002. He completed his internship at McLaren Regional Medical Center, Flint, MI (2002-2003) and residency/fellowship at Kresge Eye Institute, Detroit, MI (2003-2006). Dr. Sharma is an Ophthalmologist specializing in Retina with Retina Consultants of SWFL at 6901 International Center Blvd, Fort Myers, FL 33912.



**Robert Tomas DO** attended NOVA Southeastern College of Health Science, Davie, FL and obtained his DO degree in 1995. He completed his internship/residency at Botsford General Hospital, Farmington Hills, MI (1995-2000). Dr. Tomas is a general surgeon in Private Practice at 1682 NE Pine Island Road #4, Cape Coral, FL 33908



**Jeffrey Williams MD** attended University of Miami, Coral Gables, FL and obtained his MD degree in 1980. He completed his internship/residency at University of Southern Alabama, Mobile, AL (1980-83). Dr. Williams practices family medicine and occupational medicine at First Care Medical Ctrs at 12995 S. Cleveland Ave #184, Fort Myers, FL 33907.





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## As I Recall...

Roger D. Scott, M.D.

## Pages Turn

Well here it is November again and the **pages** (of life) **turn** faster for me as we are once again in my birth month. Where did the last 12 months go? It seems that just the other day I was writing about November 2007 and now we're at 2008.

Wondering what topic could be used this month (All my birthday memories have been used up in the previous thirteen November articles.); I was reading a book about the Korean War and the Sikorsky H-19 helicopter's first appearance in the military. Now many of you think I'm crazy because I get these "ethereal messages" that bring to mind topics for some of these articles, and so at least a portion of this article will be about my limited knowledge and experience with helicopters. (Many of our physicians are fixed wing pilots [George Kalemeris is my personal one.], but Dave Turkel is the only one of whom I know that owns and pilots his personal helicopter although there may be others.)

I remember seeing in 1939 a *Fox Movietone* short subject at the movies about the new wingless airplane (?) called a helicopter built by Sikorsky. The first ever med-evac by helicopter was January 26, 1945 by the Army in World War II Burma. Didn't hear much more about helicopters until the Korean War when in 1949 the first unarmed Bell H-13 helicopters (often called "choppers") became available to the military for observation. The H-13 was a very small skeleton-like machine that had one pilot housed in a Plexiglas bubble. Some were adapted to carry one and sometimes two partially covered Plexiglas stretchers to transport the wounded. Over 18,000 wounded (who would have otherwise probably died) were transported by these little machines. These choppers were commonly seen in the *M\*A\*S\*H* TV series. The H-13's were not very powerful and unable to fly very high. (They were also similar to our first Med-Evac chopper used by Lee E.M.S. many years later.)

In 1949-50 the new Sikorsky H-19 helicopter (a totally different design from the smaller choppers) arrived in Korea and this was truly a dream machine. It had a 550 hp engine in the nose with the two pilots seated above it. Its compartment could accommodate a crew chief, 10 to 12 passengers or six wounded on litters (stretchers) and one medical attendant. Its 115 mph maximum speed (cruising speed of 75 mph) and greater "lift" enabled it to operate at much higher altitudes. This "flying machine" allowed for the transport rapidly of multiple wounded servicemen back to the *M\*A\*S\*H* units thus facilitating the survival of many more injured who would not have survived otherwise. Incidentally do you know that *M\*A\*S\*H* stands for Mobile Army Surgical Hospital? As the H-13 had a characteristic appearance of a mosquito hawk (Sorry if you city people don't know what mosquito hawks look like.), the H-19 had a characteristic appearance resembling an elephant without a trunk. It is from the H-19 that practically all of the modern civilian and military (attack, gunship, transport) helicopters have developed. You are all aware that today's helicopters have assumed so many different duties in both civilian and military life.

I seem to get on a "jag" in my reverie and so we go back to 1954 while stationed at Holloman Air Force Base in New Mexico when my interest developed in helicopters. We had two H-13 choppers stationed with us, but flown by Army personnel (The situation of the Army having "airplanes" is another story as the U.S. Air Force was supposed to be the "flying" branch of the military.). One day the cable from the motor to the vertical tail rotor broke on one of these choppers and instead of auto gyrating down as most helicopters do with engine failure, the engine kept trying to turn the main large horizontal rotor blades. Instead of the blades turning, the blades remained stationary and the skeleton fuselage and cockpit rotated round and round until the chopper hit the ground. Fortunately it had not been very high, and as we watched what at first appeared to be a horrifying situation became quite humorous as the uninjured but dazed Army pilot emerged. He had spun round and round so much that he appeared to be a staggering drunkard and could not walk for several minutes without falling on the ground.

We had several observation stations scattered about the desert (White Sands Missile Range) and also a station at Sunspot at 9200 feet elevation in the Sacramento Mountains. Sunspot was home to the world's largest coronascope, which is a special telescope for observing the reactions in the area (corona) around the Sun. This station was about 45 miles away, up the mountain and then down a long treacherous mountaintop rudimentary road that was snowbound in the winter. We had to supply medical coverage for the airmen, and it was doubtful that they could be rescued by ambulance in an emergency. An H-13 was useless as it was unable to "lift" (fly) at such a high altitudes so could not be utilized for medical evacuation. The pilots suggested that we needed a powerful, spacious H-19, but these were in short supply and none stationed on our base. The hospital commander was unable to get an H-19 for us so he suggested that I, as Chief of Surgery and Trauma, talk to the commanding general of the base for help. The general had previously tripped me in a volleyball game causing a fracture of my wrist and therefore was beholding to me.

In time we did get an H-19 and two Air Force pilots for it. What a wonderful machine it was, but we only had to do one med-evac from the tall mountain. We did get to fly in it a lot and also made several desert rescues. I got to be (unofficially) co-pilot several times and only once did I actually try to fly this very complicated machine. I just about crashed it before the pilot could take over! The controls on the helicopter were much more complicated for me than on fixed wing planes. We did occasionally intentionally auto-gyrate down by shutting the engine down and letting the large horizontal blade "freewheel" creating a bumpy but safe landing.

Thank you for putting up with my rantings and ravings, and have a Happy Thanksgiving.

My birthday wish (and thanks) is for all of our military saviors: "bless them all, the short and the tall, and the small, bless them all" (from *Dirty Girty from Bizerete* & a World War II song).



## Lee County Medical Society Alliance Foundation News

Mary Macchiaroli, LCMS Alliance Co-President

The Lee County Medical Society Alliance held its annual Welcome Brunch on September 17<sup>th</sup>. **Betty Rubenstein** opened her lovely home and breathtaking new lanai for the event. *Thank you Betty!* We welcomed 10 new members of the medical community at the brunch, but we know there are many more out there. Please help the Alliance reach out to them by inviting them to our upcoming events.

The **Potluck in Paradise** was held on Saturday, October 25<sup>th</sup> at **Dr. Steve & Jane West's** home. We had a wonderful turnout. Thank you **Steve and Jane** for a lovely evening!

Can you believe the holidays are right around the corner?! The **Lee County Medical Society and Alliance Holiday Party** will be held on Monday, December 8<sup>th</sup> at the Veranda in downtown Ft. Myers. This is always a wonderfully festive, fun event that you won't want to miss. It is the perfect event to invite new members of our medical community to join you in attending.

As you begin considering holiday gifts, keep in mind that you can give the gift of support through the **Florida Medical Association Alliance's Citrus sales**. **Citrus Sales** support funding for a children's health program, teen health education initiatives or a family during a time of crisis. Yearly the Florida Medical Association Alliance Foundation (FMAAF) promotes citrus sales as a fundraiser to support its grant programs. FMAAF's grants include: The Ariel Goldman Fund (local Alliance children's health education grants); Disaster Relief Grants (for non-profit health organizations after a natural disaster); Teen Health Education (local Alliance grants for sexual health and STD prevention education); and the Family Component of the Physician Resource Network (The FMAAF donates a portion of funds raised every year to this organization that provides services to the family members of the impaired professional through a Family Component Program; this includes the services necessary for continued family recovery). See the enclosed flier for more information.

## Membership Activity

### New Addresses

**Juan J. Carrere**

*Gastroenterology*

FL Digestive Care

13710 Metropolis Ave #110

Fort Myers, FL 33912

Tel: 415-2273 Fax: 415-2280

**R. Thad Goodwin, M.D.**

*Ophthalmology*

Goodwin Eye Center

1510 Royal Palm Square Blvd #106

Fort Myers, FL 33919

Tel: 939-3937 Fax: 275-8045

**Douglas Hughes, D.O.**

*Family Medicine*

Riverside Family Practice

14651 Palm Beach Blvd # 100

Fort Myers, FL 33905

Tel: 694-7887 Fax: 694-8941

### New Members

**Aparna Eligeti, M.D. - Obstetrics/Gynecology**

Physicians Primary Care of SWFL - 574-2229

**Gail Santucci, M.D. - Radiology**

Florida Radiology Consultants - 938-3500

**Margaret Thirston, M.D. - Anesthesiology**

Medical Anesthesia & Pain Management Consultants - 332-5344

### Members In the News

This section is for Lee County Medical Society member's accomplishments. Please send in your newsworthy items to the Medical Society office fax: 936-0533 or email [awilke@lcmsfl.org](mailto:awilke@lcmsfl.org).

**Aurora Badia, D.O.** was awarded the Volunteer of the Year by the Hispanic Achievement Awards sponsored by the Hispanic Affairs Advisory Board for instituting "Dermatology from the Heart" that provides dermatology services free of charge to needy children.



Happy Thanksgiving  
November 28, 2008





## Health Forum for Men and Women

On Saturday, September 27, 2008 at Dunbar High School, the Omega Psi Phi Fraternity held their 8th Annual Health Fair. This Health Fair provides a variety of free health screenings to an often underserved population. Some of the educational activities and testing offered: Education on Breast & Cervical Cancer, Lung Disease, Prostate & Colon Cancer screening, diabetes (glucose), blood pressure, information on sleep disorders, and stroke screening. The Lee County Health Department provided free HIV/AIDS and Hepatitis screening and vaccinations for Hepatitis A & B; the Health Department, Susan G. Komen, and Partners For Breast Cancer Care all offered free information and education; Lee Memorial Health System's Respiratory Department offered Lung function testing and information.

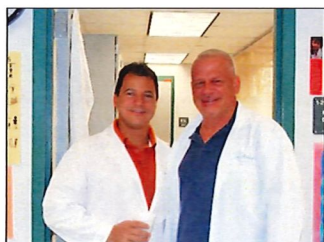
Jasper Rizzo, D.O., Omar Benitez, M.D. and the staff from Southwest Urologic Associates participated in the Men's Health Forum. They provided prostate cancer screening, which included a PSA blood test and a digital rectal exam, to over 100 men. Typically, this population includes African Americans and Hispanics who have a higher risk for developing prostate cancer, which explains our unusually high number of abnormal studies found in years past. Paul Bretton M.D. is credited with starting the prostate screening program more than 15 years ago, when a handful of men would show up at the Omega Psi Phi fraternity house to obtain their prostate screenings. Today, the screenings continue to grow, and Southwest Florida Urologic Associates look forward to participating again next year.

James Taylor, D.O. of the Family Health Centers met with patients and gave them an evaluation of risk assessment and counseled them on the need for follow-up on abnormal lab results and treatment regimens.

21st Century Oncology in conjunction with Radiology Regional Centers offered complimentary virtual colonoscopies to 20 individuals that qualified.



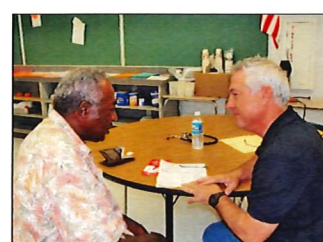
Dr. Joseph Isley consulting with an attendee



Drs. Omar Benitez and Jasper Rizzo provided prostate cancer screening



Dr. Peter Lewis consulting with an attendee



Dr. James Taylor consulting with an attendee



Wilsa, Danielle, & Tara of SWFL Urologic Associates



Health Dept gave instructions on how to perform breast self exams



Gene Krall, RN and Maria Puig of the Lee County Health Dept offered free hepatitis vaccinations



Ann Wilke from Lee County Medical Society

## 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



## Workers' Comp Dividends Announced

Taylor Tollerton and Jim Tollerton, Professional Benefits, Inc.

Professional Benefits is pleased to be delivering dividend checks to practices who participate in the LCMS endorsed Worker Compensation program. These dividend checks again exceed 20%, as they have each year for the past seven years. With all the financial pressures on the practice of medicine, it is a pleasure to be able to reduce practice costs with this program. Since all Worker Compensation carriers use the same premium pricing as mandated by the State of Florida, receiving a 20% dividend is a real bonus. Most checks equal or exceed the cost of Medical Society membership.

Worker Compensation is required for practices with four or more employees, including the principal(s), unless the principals affirmatively waive off coverage. However, some practices have found that the cost of covering a principal (less than \$1,000/year) is an excellent value. All worker comp policies basically provide unlimited medical expenses (for a lifetime) for an on-the-job illness or injury, plus disability payments, plus a \$100,000 death benefit.

For a proposal or a review of your current coverage, please contact Jim or Taylor Tollerton at Professional Benefits at 800/741-5710 or 941/957-1310 Fax 866/366-5170. Let us know your renewal date and we will get back to you in time to get on board this beneficial program through OptaComp.

*Jim Tollerton, CLU ChFC/Professional Benefits are Broker of Record for a number of Medical Society recommended programs.*



Dr. Steve West of Cardiology Consultants of SWFL collects a dividend check for his practice from Taylor Tollerton.



Lesley Pryce of Specialists in Reproductive Medicine. Dr. Craig Sweet will be dividing the dividend check amongst his employees.



Tami Lethem of Surgical Specialists of SWFL.

## Help Fix Our Broken Health Care System

Dean Traiger, M.D.

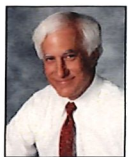
### Three Simple Things You Can Do for Your Practice Right From Your Office

Today's health care system is broken. Unfortunately, you cannot fix it or protect your practice by working more hours and taking care of more patients. The only way for you to effect "real change" is through the legislative process. Here are three easy things you can do for your practice starting today — right at your desk.

1. **Use FMA's Grassroots Action Center.** Write, e-mail, or call your legislator when critical issues arise. The FMA makes it easy. All you have to do is respond to a FMA Action Alert using the message provided. It only takes a minute. Visit their website: [fmaonline.org](http://fmaonline.org) - Click on Government Affairs.
2. **Get to Know Your Legislators.** When medicine speaks, legislators do listen, especially if they've heard from you before. Work through your county medical society to set up a local physician meeting with your state representative or state senator. Very often, you or your colleagues know them personally. There is no substitute for this personal relationship!
3. **Join FMAPAC.** The Florida Medical Association Political Action Committee (FMAPAC) is the political arm of FMA. If you haven't joined FMAPAC it's not too late to get involved. A small contribution to FMA's political action committee can make a huge difference. For more information go the [FMAPAC](http://fmaonline.org/fmapac) Web site: [fmaonline.org/fmapac](http://fmaonline.org/fmapac).



## Howard Sheridan M.D. Photo Appears in National Geographic



Dr. Howard Sheridan has achieved what is the lifelong dream of many professional photographers. His photograph, "Sauna Break in Yellowstone National Park," is currently featured in the September 2008 issue of *National Geographic* magazine. The photo, which features two bison warming up in the hot springs on a ten-below-zero-degree day, was chosen from among more than 24,000 entries as the English-language winner, animal category, of *National Geographic*'s 2007 International Photography Contest. An expert panel of judges, including *National Geographic* editors, reviewed the photographs for creativity and photographic quality. Judges noted that Dr. Sheridan's image mixed two Yellowstone icons – bison and hot springs – for a "moody feel."

Dr. Sheridan was a founder of Radiation Therapy Services and Radiology Regional Center in Fort Myers and is a founding director of Edison National Bank and chairman of its holding company, Edison Bancshares, Inc. He practiced interventional and diagnostic radiology in the area from 1975 until his retirement in 2004 and has been a member of the Lee County Medical Society for 33 years. Photography has been one of his long-time interests.

Not only does Dr. Sheridan photograph wildlife, he actively seeks to preserve the natural environment. The Florida Wildlife Federation recently named him and his wife, Brenda, Water Conservationists of the Year, "for their selfless contributions to making Southwest Florida more sustainable, by their efforts to protect not only the manatee, but its habitat."



*Send your accomplishments to us by fax 936-0533, email [awilke@lcmsfl.org](mailto:awilke@lcmsfl.org), or to PO Box 60041, Fort Myers, FL 33906.*

### President's Message Continued from Cover

- **Malpractice Insurance Discount through FPIC**

LCMS members that are insured by FPIC are eligible for a 5% program discount. After taking advantage of the program discount, participants may also access claims free discounts for even greater savings of more than 25%. Contact Shelly Hakes, Director of Society Relations, FPIC, 800.741.3742 or by email at [hakes@fpic.com](mailto:hakes@fpic.com).

- **Workers Compensation Dividend Program through OptaComp**

LCMS is pleased to offer a member benefit program through OptaComp Insurance Company (Previously Comp Options). The program offers LCMS members access to workers' compensation products and services with the potential to receive up to a 24.8% return on the premiums paid. Contact the LCMS office at 239-936-1645 or OptaComp at 800-741-5170 for more information.

Helping physicians practice medicine is the new slogan adopted by the FMA. When you receive your statement for the upcoming year, remember the importance of joining the Lee County Medical Society, the Florida Medical Association and the American Medical Association. These are the groups that are well-organized and dedicated to ensuring our success in the future. In addition, it's vital to support the political action groups such as LeePAC, FMAPAC and AMPAC. Each one works on a different level of government to ensure that our legislators are educated on health issues and are hearing our voices as one.



# How to Sell Your Medical Practice for Millions: Create an Internal Buy out Fund

David B. Mandell, JD, MBA

Jason M. O'Dell, CWM

As an attorney and consultant to thousands of physicians across the country, we are constantly astounded by the attitudes of physicians regarding the sale of their medical practice. Most often, today, we hear the complaint that doctors do not feel they can sell their practice for any significant value. They generally do not feel the practice is “worth anything,” especially if they do not have younger partners to buy them out.

Even in medical practices that are larger, and have a significant number of younger physicians, most doctors maintain the same complaint. While they may typically have a right to a couple of months of payments from account receivable (AR) after they retire, this is a pittance compared to the value they have brought to the practice over the years. We would agree with them in this assessment -- a few months of AR certainly does not compensate a physicians for 20+ years of building a practice and its reputation.

So what can you do about it? Unfortunately, the most common advice physicians seem to get from their advisors is some version of “grin and bear it.” We all know, advisors say, there is no white knight that is going to come in and buy your practice for a seven figure sum, especially if you may be retiring that year or in the near future. In fact, we’ve seen very few physicians who have built a solid plan for a lucrative buy-out based on their existing advisors’ help.

In this article, we hope to do a couple of things. The first is to give you hope that there are ways to in essence “sell” your practice for millions of dollars, if you plan and prepare for retirement. Second, is to give you a couple of brief, quick ideas of how such a sale could occur.

Let’s look at a couple of key issues that may allow you to sell the practice for millions when you retire. Remember that these techniques and others may work best for group practices and solo practices as well.

## 1. You Must Plan and Plan Early

“Common sense” advice -- that neither an outside party like a management company nor insiders such as younger doctors will suddenly cut you a seven figure check as you are about to retire -- is absolutely correct. If your buy-out plan is to just simply go about your practice as a physician and see patients -- with no forethought business-wise about how you will sell your practice when you retire -- you will get virtually nothing for your practice. On the other hand, if at the outset of your practice, 10, 20, or even 30 years before you retire, you begin funding a buy-out vehicle for your practice upon retirement, and you do this properly, you are almost assured of getting a multi-million dollar check upon retirement.

While we will see a couple of alternative techniques below, the key point is simple—*buyouts of medical practices need to be planned, they need to be funded over time, and they need the commitment of the physician many years prior to the “sale.”* In this way, the best thing you can do to ensure that you will receive millions upon your retirement for your practice, is to focus on this issue today, and implement a plan as soon as practicable.

## 2. Use A Non-Traditional Retirement Plan to Fund the Buyout

Traditional retirement plans are likely the only ones you have heard of – qualified plans such as pensions, profit-sharing plans, 401(k)s, 403(b)s, and, for these purposes, SEP-IRAs and Keoghs. What are non-traditional plans? These are less well-known to physicians and may be called non-qualified deferred compensation plans or split-dollar plans. We have addressed these specific plans in past articles.

As an example here, let’s consider non-qualified deferred compensation plans. These plans are relatively unknown to physicians even though most Fortune 1000 companies make them available to their executives. While many of these plans in public companies involve company stock or stock options (which, of course, do not work in a medical practice environment), many use structures that a physician certainly could easily employ in a practice.

Because they are not “qualified,” these plans can be offered only to a few employees – such as the physicians, or only partner physicians. Most importantly for this discussion, there are many ways this type of plan can create a large buy-out fund for retiring physicians, including:

- A. Require each physician to put a certain dollar amount or income % into the plan. The plan’s funds then grow over a period of years and, as each older physician retires, they have a right to a certain % of the plan assets. Of course, this would be in addition to their qualified plan (i.e., pension) as well.



- B. There could be vesting requirements built into the plan, so if physicians leave the practice they may/may not lose their benefits in the plan, allowing remaining doctors to benefit from their share.
- C. While the alternatives are numerous, just by implementing a plan using A. and B., a medical practice could create a multi-million dollar buy-out fund over a 5 to 10 year period.

### 3. Use a Captive Insurance Company to Fund the Buyout

Captive Insurance Companies (CICs) for medical practices are typically implemented for their risk management, tax, and asset protection benefits. As described in other articles, certain small CICs can enjoy beneficial tax treatment (made even better by a 2004 law signed by President Bush), allowing the physician owners an opportunity to build tax-favored wealth, as opposed to giving profits up to insurance companies. In addition to these benefits, the CIC can be an ideal source of buy-out funds for retiring physicians.

In many cases, a CIC will have significant reserves left to invest and build each year it is in existence. Over 10-20 years, the CIC could accumulate very large amounts. If a buy-out formula is layered into the stock agreements of the CIC, this can be another source of buy-out funds for doctors when they retirement from the practice as well.

### Conclusion

These are just two of a number of techniques physicians can employ to "sell" their practice lucratively when they retire. As above, the key is planning. There are no outside buyers of practices willing to pay you millions for your practice anymore. If you want such a buy-out, you must plan for it yourself.

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## Flu Shots - What Do I Need to Know and What Should I Tell My Patients?

by Kim White, R.N., Nursing Program Specialist, Lee County Health Department, 332-9505

Ah, it's flu season again, and the calls are coming in about shots. Everyone wants to know where and when they can get one. *Is there anything new and different this year about the flu vaccine? Which of my patients fall into a high-risk group?* Sometimes it's hard to remember the recommendations from year to year.

Last year's vaccine turned out to be a poor match for the circulating strains of influenza. This year it's a completely new vaccine. The 2008-2009 trivalent influenza vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. We're keeping our fingers crossed that this will be a good match for this season's. WHO has also recommended these same strains for use in the southern hemisphere.

The CDC is recommending that practitioners start vaccinating their patients as soon as the vaccine is received. They reassure us that the vaccine will be effective throughout the entire season, and on into the summer. CDC also stresses that if individuals don't get their flu shot in October, November or December, it's important to go ahead and get it late in the season. Traditionally, flu season peaks in February, but may extend into March and April, so please encourage your patients to get a flu shot, even if they do so later than usual.

The CDC is predicting that there will be plenty of flu vaccine available this year; in fact, the most ever distributed in the U.S. during a single influenza season. Please note that different influenza vaccine preparations have different indications as licensed by the FDA. The manufacturers of this year's influenza vaccine are as follows:

Manufacturer	Vaccine	Formulation	Thimerosal preservative	Age indication
Sanofi Pasteur, Inc.	Fluzone® Inactivated TIV	Multi-dose vial	Yes	6 months and older
		Single-dose pre-filled 0.25 mL syringe	None	6-35 months
		Single-dose pre-filled 0.5 mL syringe or vial	None	36 months and older
Novartis Vaccine (formerly Chiron Corporation)	Fluvirin® Inactivated TIV	Multi-dose vial	Yes	4 years and older
		Single-dose pre-filled 0.5mL syringe	Preservative free (1 mcg or less mercury/0.5mL dose)	4 years and older
MedImmune Vaccines, Inc.	FluMist® LAIV	Single-dose sprayer	None	Healthy* persons 2-49 years
CSL Biotherapies	Afluria® Inactivated TIV	Single-dose pre-filled 0.5mL syringe	None	18 years and older
		Multi-dose vial	Yes	18 years and older
GlaxoSmithKline Biologicals (subsidiary of GlaxoSmithKline PLC)	Fluarix™ Inactivated TIV	Single-dose pre-filled 0.5 mL syringe	Preservative free (1 mcg or less mercury/0.5mL dose)	18 years and older
ID Biomedical Corporation (subsidiary of GlaxoSmithKline PLC)	FluLaval™ Inactivated TIV	Multi-dose vial	Yes	18 years and older

\* "Healthy" indicates persons not having an underlying medical condition that predisposes them to influenza complications.

Note also that there are several vaccines that are Thimerosal-free. The CDC anticipates that the supply of Thimerosal-free vaccine for children ages 6 months through 59 months will be adequate to meet demand.

Children are a primary focus of influenza vaccination. This year the ACIP recommends that children 6 months all the way through 18 years should get a flu shot, with special emphasis on ages 6 months through 59 months. Children ages 6 months through 35 months should receive a 0.25 mL dose of preservative-free vaccine. Everyone 3 years and older should receive a 0.50 mL dose of vaccine.

For children *under the age of 9 years (6 months through 8*

*years old)*, if this is their first year receiving influenza vaccine, they should get a second dose 4 weeks after the first. If this is the second year they have received influenza vaccine, *and* they received only one dose last year, they should get 2 doses this year, separated by at least 4 weeks. If this is the third season they have received influenza vaccine, they should receive only one dose, regardless of previous history. This is true whether they received the trivalent inactivated injection or the live intranasal FluMist.

Annual recommendations for adults have not changed. Annual vaccination against influenza is recommended for any adult who wants to reduce the risk for becoming ill with influenza or transmitting it to others. Vaccination is also recommended for the following, because these persons are either at high risk for influenza complications, or are close contacts of persons at higher risk:

- persons aged 50 years and older;
- women who will be pregnant during the influenza season;
- individuals with chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- persons who are immunosuppressed (including immunosuppression caused by medications or HIV);
- persons who have any condition (for example, cognitive dysfunction, spinal cord injuries, seizure disorders, or other neurological disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration;
- residents of nursing homes and other chronic-care facilities;
- healthcare personnel;
- household contacts and caregivers of children aged < 5 years and adults aged 50 years and older, with particular emphasis on vaccination contacts of children aged < 6 months; and household contacts and caregivers of persons with medical conditions that put them at high risk for severe complications from influenza.

These high-risk categories also apply to children. In addition, any child receiving long-term aspirin therapy, who therefore might be at risk for experiencing Reye syndrome after influenza virus infections, is considered to be high-risk.

As healthcare workers, we are on the front lines of patient care, and it is very important that all of us receive a flu shot every year. If we protect ourselves, we also protect our clients, many of whom are at high risk of suffering serious complications should they develop influenza. Healthy personnel will use less sick time. Sick time = \$\$\$\$. An annual flu shot for your employees is a wonderful "perk." It is a small price to pay for a healthy staff. Please consider providing flu shots for your staff.

FluMist is available again this year, and may be a product you're not familiar with. It is a live intranasal vaccine indicated for healthy individuals ages 2 years through 49 years. The indication for children ages 2 through 4 years is new this year. The vaccine is a smaller volume this year, which is more comfortable for the person receiving it. It can also be stored in the refrigerator,



rather than in the freezer as in previous years. Contraindications include:

- children under 2 years, and adults 50 years and older;
- people with any medical condition that places them at high risk for complications from influenza—chronic heart or lung disease, such as asthma or reactive airways disease; diabetes or kidney failure; weakened immune system, or taking medications that weaken the immune system;
- children under 5 years with a history of recurrent wheezing;
- children or adolescents receiving aspirin;
- history of Guillain-Barre syndrome;
- pregnancy;
- severe allergy to chicken eggs or allergy to any of the nasal spray vaccine components.

Remember, FluMist is a live vaccine, so it should be administered at the same time as other live vaccines, or there should be a 4-week interval between doses of live vaccines.

Can I still buy influenza vaccine for the 2008-09 season?

Influenza vaccine pre-booking typically occurs between January and March, though most preparations of vaccine should still be available for purchase. Providers should contact distributors and local vendors about remaining supply. Information about distributors who still have influenza vaccine available for sale can be found at [www.preventinfluenza.org/ivats/](http://www.preventinfluenza.org/ivats/).

If for some reason you decide not to provide influenza vaccine in your office, the Visiting Nurses Association (239-337-4848), Maxim Healthcare (239-931-6777) and Walgreen's are providing flu shots throughout the county. Links to their clinic sites are available from the Lee County Health Dept website--<http://www.lee-county.com/healthdept/>. Flu shots are also available at many Publix and Sweetbay locations. The Lee County Health Department will begin administering flu shots to the general public on November 10<sup>th</sup>.

## Odds and Ends



### November Meeting Correction

The Lee County Medical Society November Meeting will not include CME as announced in the October issue of the Bulletin. The program is entitled "**Is it Possible to Find Happiness as a Physician Today?**"

### Renew Your License

It's time for half of all Florida physicians to renew your medical licenses, the deadline is January 30, 2009. The Department of Health has started sending out renewal notices in October. These reminders will come to you in a postcard format, therefore, please be careful not to overlook them. ***This will be the only reminder that the Board of Medicine will send to you!*** You can simplify by renewing your license on line, the correct web address to renew a license on line is [www.FLHealthsource.com](http://www.FLHealthsource.com). If you have questions regarding your medical license the telephone number for the Board of Medicine is 850-488-0595 or 850-245-4131.



### Free Required CME Course for FMA Members

FMA members may complete the 2-credit hour Prevention of Medical Errors CME course required for relicensure at **no cost**. Visit [fmaonline.org/pages/cme.html](http://fmaonline.org/pages/cme.html) to complete the course or call Melissa Carter, Director of Medical Education, at 850.224.6496 x268 for more information.

### FMA Managed Care Law In Effect November 1

The FMA Managed Care Law will change the "look back period" for insurance carriers seeking payment refund from doctors from 30 months to only 12 – a great victory for Florida physicians.



### 2009 Holiday Schedule of the Lee County Medical Society

The Lee County Medical Society office will be closed for the following 2009 Holidays:

- **New Year's Holiday** - Thursday, January 1 & Friday, January 2, 2009
- **Memorial Day** - Monday, May 25, 2009
- **Labor Day** - Monday, September 7, 2009
- **Thanksgiving Holiday** - Thursday, November 26 & Friday, November 27, 2009
- **Christmas Holiday** - Friday, December 25, 2009

### Dictionary Day

F. L. Howington, M.D. gave out free dictionaries to elementary school children at Franklin Park Elementary as part of the Rotary Club of Fort Myers Program. Every year all the rotary clubs in Lee county give dictionaries to all 3<sup>rd</sup> graders. This is a great project and the kids are very excited and appreciative.





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