



Bulletin

Editor: Mary C. Blue, M.D.

2009 Meetings & Events

Please join the
Lee County Medical Society
for our

2009 Installation of Officers
by FMA President
Steve West, M.D.

January 15, 2009
6:30 p.m.—Social Time
7:00 p.m.—Dinner/Program

Royal Palm Yacht Club
2360 West First Street
Downtown Fort Myers

LCMS Members—No Charge
Guests/spouses—\$25.00

Please contact the Medical Society
Office to make your reservations:

PO Box 60041
Fort Myers, FL 33906
239-936-1645 - Tel
239-936-0533 - Fax

Please see insert for further details

Inserts

- 2009 Officers and Committees
- January 2009 Meeting Notice

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President's Message

Involvement and Collaboration

Larry Hobbs, M.D.



My name is Larry Hobbs and I have the privilege of serving as your LCMS president for 2009. I'm a practicing Emergency Department physician at Southwest Florida Regional Medical Center and have been for 24 years.

When I arrived to Lee County in 1985, my senior partner, William Bess, MD, became president of the LCMS. It was "mandated" then that our entire group become members. Today my ED group still provides membership to all of our physicians.

In 1985, approximately 75% of all Lee County physicians belonged to the LCMS and many participated in our monthly meetings. We always had overflowing crowds of docs in the large banquet room upstairs at the Royal Palm Yacht Club. Many came for the camaraderie and many came to develop relationships to help grow their practices. Fort Myers was growing rapidly during the late 80s and 90s. We were experiencing quite an influx of new physicians coming to town every summer.

During the last 10 years or so Lee County's physicians have had to endure many obstacles in practicing medicine. The liability crisis of the late 90s and early 2000 took hold increasing the number of frivolous lawsuits and subsequent exponential increases in malpractice insurance premiums. The Florida Medical Association spent a tremendous amount of effort and money lobbying for caps on economic damages for all physicians. Only after three special summer legislative sessions in 2003 did we see 'hard' caps of \$150,000 for physicians seeing patients in Florida's emergency departments. But that alone did not significantly stem the tide.

A recent Department of Health workforce study indicated Florida has seen a decrease in the number of practicing physicians over the

last few years. Primarily, we have not been attracting new physicians to the state when other physicians leave or retire. The average age of the practicing physician in Florida is 51-years-old.

The new National Report Card of the State of Emergency Medicine gave Florida an "F" grade for access to emergency care. This is based on the need for specialty coverage and psychiatric care as well as a significant shortage in hospital beds and nursing when compared to other states. This study also indicated that Medicaid rates in Florida were 71% that of the national average denying those patients access to specialty services as well. Also, with the healthcare insurance premiums increasing many times the rate of inflation, there has been a continued spiraling of numbers of uninsured patients.

At the time of this recent study 21.9% of Florida residents are uninsured which is one of the worst in the country. This situation, along with poor Medicaid reimbursement and the continued threat of significant Medicare cuts, have added to the quagmire. An additional challenge with LMHS acquiring SW and GC has also added to the stresses of physicians. This challenge is to be able to work with the hospital in providing quality healthcare for our patients while still maintaining our autonomy as practitioners.

All these elements have changed and will continue to influence our practices and how we deliver care. It is, more than ever, time for each of us to participate in organized medicine in order to help direct these changes in a beneficial manner. We cannot each stand alone and affect change. Our goals as purveyors of healthcare are not only to treat the sick and injured but work toward guaranteeing out patient's access to this service.

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LEE COUNTY MEDICAL
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PRINTERS

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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.

Membership Activity

Relocated

Edward Grendys, M.D.
James Orr, M.D.
Phillip Roland, M.D.
Florida Gynecologic Oncology
8931 Colonial Center Drive #400
Fort Myers, FL 33905
Phone: 334-6626

William N. Dakos, M.D.
14271 Metropolis Ave Ste B
Fort Myers, FL 33912
Phone: 939-7017

New Practice

Pain Relief and Physical Rehab
Keith Susko, M.D.
12734 Kenwood Lane #96
Fort Myers, FL 33907
Phone: 313-8534

Aldith Lewis, D.O.
Lee Physician Group at College Pointe
9131 College Pointe Court
Fort Myers, FL 33919
Phone: 432-0101

Moved Out of Area

Martin Pinto, M.D.
Juan Carrere, M.D.

Retiring

We would like to congratulate the following physicians on their retirement from practice in Lee County.

Jack G. Beaulieu, M.D. retired from Orthopedic Associates of Cape Coral on December 31, 2008. Dr. Beaulieu has served Lee County as an orthopedic surgeon since 1978.

Marvin S. Porter, M.D. retired from Associates in Dermatology on December 18, 2008. Dr. Porter has served as a dermatologist in Lee County since 1977.

Linda A. Veraja, M.D. is retiring from Internal Medicine Associates on January 1, 2009. Dr. Veraja has served as an internist and pulmonary medicine physician in Lee County since 1986.

New Member Applicant

Jeffrey G. Laoang, M.D., attended Eastern Virginia Medical School, Norfolk, VA and obtained his M.D. degree in 2002. He completed his internship/residency at the University of Pittsburgh Medical Center, Pittsburgh, PA (2002-2005). He is certified by the American Board of Emergency Medicine (2008). Dr. Laoang is in practice with Lee Memorial Health Systems-ER at 2776 Cleveland Ave, Ft Myers, FL 33901.



Sergio J. Vignali, M.D., attended Universidad Central De Venezuela in Venezuela and obtained his M.D. degree in 1994. He completed his internship/residency at Bethesda Hospital, Cincinnati, OH (2003-2007). Dr. Vignali is an OB/GYN physician in solo practice at Femme Care, 13100 Westlinks Ter, Ste 10, Ft Myers, FL 33913.



David Sudderth, M.D., attended University of Copenhagen, Denmark and obtained his M.D. degree in 1984. He completed his internship/residency at Medical College of Wisconsin Hospital, Milwaukee, WI (1984-87), a fellowship in electrophysiology at Emory University, Atlanta, GA (1988-89). Dr. Sudderth is a neurologist in solo practice at Florida Spine & Brain, 20 Barkley Cir, Ft. Myers, FL 33907.



Physicians in the News

The Center for Laser Vision Correction at Florida Eye Health Receives 2008 Best of Ft Myers Award

Dr. Jonathan Frantz, medical director of Florida Eye Health, is pleased to announce that The Center for Laser Vision Correction at Florida Eye Health has been selected for the 2008 Best of Ft Myers Award in the Physicians & Surgeons category by the US Local Business Assoc. (USLBA). The USLBA "Best of Local Business" Award Program recognizes outstanding local businesses throughout the country. Dr. Frantz has offices at 12731 New Brittany Blvd.

As I Recall...

Roger D. Scott, M.D.

O Beautiful

I can't explain to you exactly why the West is sticking in my mind except that an enjoyable part of my life has been spent there, and so this month we're going west young man as Horace Greeley suggested (but phrase really coined by John Soule in 1851).

Believe it was the summer of 1982 that we headed to Pikes Peak and the Gold Rush area of Colorado. We always enjoyed staying in the old beautiful hotels and so it seemed natural to book a room at the Broadmoor Hotel (1918) in Colorado Springs, Colorado to begin our vacation. We flew into Denver and motored to Colorado Springs and the hotel. We were late arriving (about 7 or 8 p.m.), but we had guaranteed reservations at the Broadmoor. At the reception desk the clerk advised that the people staying in "our" room failed to vacate, and there were no other empty rooms available i.e. no vacancy, no rooms at the inn, "we're full" and other such idioms. The night manager was called to the front desk, and after my mild-mannered tirade (Those of you who know me know that I don't usually lose my temper even under extreme circumstances, but this was different!) suggested that we could have a room in the old servants quarters until "our" room was vacated. (A few brief words are in order about servant quarters at the old hotels. Years ago many of the wealthier people would travel to the beautiful hotels for several months and take their servants with them, and the servants would stay in rather meager undesirable rooms and some without even a window.) They showed us the servant quarters, and these rooms were unacceptable. Since we didn't know exactly when "our" room would be finally vacated (the roomers could not be legally evicted according to Colorado law) we left and went to a motel for a few days, and our only exposure to the Broadmoor was in the dining room for a few meals.

During my childhood we often saw cars & trucks with bumper stickers or signs stating "Pikes Peak or Bust" (a slogan of the gold seekers that arose in the 1850s) meaning they were traveling to the "far" West. It was natural that we should visit Pikes Peak (14,110 feet above sea level) the most commonly visited mountain in North America and the second most visited in the world. From the base of the mountain (7,110 feet above sea level) there are three ways to reach the 7,000 foot peak: a 13 mile foot trail (Great news! You don't have to continue to worry about the rattlesnakes after you reach the 8,000 foot elevation marker), an 8.9 mile modernized 1889 Cog Railway, and the Pikes Peak Highway.

The 19 mile long highway is paved for the first 6.5 miles and then it becomes a gravel road. Many people avoid this road as it is extremely hazardous and straining on the nerves and the car.

Naturally we chose to make our ascent (and descent) on the slowly traveling (and highest elevation in the world) Cog Railway allowing us, especially me, a relaxed view of the spectacular scenery. As we went higher and higher the view

became more and more spectacular as the beautiful plains extended further and further and the Rocky mountain peaks appeared more majestic. The beautiful blue sky with air so clear and refreshing was indeed invigorating. In 1893 a college professor of English, Katherine Lee Bates, on vacation traveled this same railroad and to her came the words for a beautiful poem, *O Beautiful*. This poem was first published in 1895 to commemorate the Fourth of July, and later replaced the lyrics for an 1895 Hymn written by Samuel Ward, and thus formed the song we know as *America the Beautiful* (See if you remember the words to this song.). This song at times has vied with the *Star-Spangled Banner* to be designated as our National Anthem but always failed to displace it.

The trip up the mountain on the railroad took about 45 minutes to an hour with magnificent inspiring vistas of beautiful blue sky and terrain. We entered the gift shop at the top of the mountain from the railroad side at the same time as Robert Mandraccia, M.D. and family of Fort Myers, Florida entered the shop from the highway side, quite a *small world* surprise for both families! The Mandraccias appeared fatigued, anxious, and haggard after their hazardous road trip up the mountain while the Scotts were rested and relaxed after the enjoyable rail trip. The remainder of that western trip was uneventful and great.

Upon returning to Ft. Myers I wrote a detailed letter to the general manager of the Broadmoor explaining my complaint and disappointment about our visit there, and he responded with an apology and hope that we would visit the hotel in the future. Well the story doesn't end there. About two years later we decided to begin our western trip at Colorado Springs and see more of the area sights and stay at the Broadmoor. I made reservations and then sent the general manager a copy of my original letter to him, his return letter to me, and a copy of the new reservations. Upon arrival at the Broadmoor the "red carpet" treatment began with us being upgraded to the beautiful scenic tower penthouse suite (at the regular room rate, not the penthouse rate) where dignitaries including one or more US presidents had slept. Awaiting our arrival was a note from the manager along with candy, fruit, and also a slip for a free dinner in the dining room. Now we left the Broadmoor with a sweet taste in our mouths replacing the bitter taste from our previous visit. Some day a future article will be written about the remainder of the second trip.

Trinity Epilogue: A few days after the *Trinity* article was published in September, Joe P. O'Bryan, M.D. called me and said that his father worked for the Corps of Engineers in World War II. Joe and his family moved from Tennessee to Albuquerque, New Mexico while his father worked at Los Alamos. Joe's father worked at *Trinity* site and was present for the first atomic explosion and all present that day were presented with small display bottles of *Trinitite* as mementos. Joe remembers seeing this but over the years the specimen has disappeared from the family. Small world isn't it!

News From The Lee County Medical Society Alliance & Foundation

Mary Macchiaroli, LCMS Alliance Co-President

Hope everyone had a lovely and festive holiday season. The Lee County Medical Society and Alliance Holiday Party was fabulous, as always! Thank you to all who attended and supported the Alliance charity basket raffle. Special thanks go to **Anne Wittenborn** and **Siobhan Benbenisty** for organizing the baskets and the raffle. Through their efforts, we raised \$590 for a deserving charity that will be selected at our January board meeting.

Speaking of charity, the Lee County Medical Society Foundation will host a social and fundraiser at the home of Dr. Howard and Mrs. Nancy Barrow on Saturday, February 7, 2009. It will be a fun evening event for members of both the Medical Society and the Alliance. Save the date! Invitations will be in the mail shortly.

On another note, the Alliance is actively seeking members to serve on the Board of Directors and as Committee Chairs for the '09-'10 year. If you know of someone that might be interested, please have them contact Mary Macchiaroli at 574-7544.

Annual Medical Society and Alliance Holiday Party

The Lee County Medical Society and Alliance held our Annual Holiday Party at the Veranda Restaurant in downtown Fort Myers on December 8, 2008. We would like to thank Ironstone Bank for sponsoring our Holiday Party and providing a Holiday Basket to be raffled off with all proceeds for charity. C. J. Castro, Senior VP; Edward Lick, Area Representative; Debbie Apicerno; Joe Mulino; and Vana Dekter attended on behalf of Ironstone. Dr. Dean Traiger and Dr. Thomas Carrasquillo won the beautiful baskets raffled off by the Alliance.

Plan to join us for our next holiday party.



Department of Health Complaints

George K. Brew, Esquire

All Florida physicians should be increasingly concerned about the ease and frequency of complaints submitted to the State of Florida Department of Health against practicing physicians. The increasing frequency of complaints may be explained in part by the ease of going to the Department's web site and downloading the necessary complaint form. Whether the complaint is generated from a dissatisfied patient or the existence of a medical malpractice claim, the physician must be ready to respond in the same manner as being sued in a medical malpractice case.

A complaint originating with the Department of Health will typically take the form of correspondence from the medical quality assurance division to the physician advising of the need to file a formal response within 45 days of receiving the letter. The response must include all available medical records relating to the patient, and a copy of the doctor's curriculum vitae. However, the response a physician makes to this notification should never be taken lightly. The letter itself is only the first step.

The Department may have been investigating the matter for some time before requesting a response from the physician. This investigation can include reviewing documents, legal actions and information obtained through their investigators. For this reason, any formal response should be drafted only after consultation with an attorney. In most instances, complaints will concern a standard of care violation. Your attorney will be able to retain the services of another physician in your specialty to conduct a file review and provide a candid opinion of the matter. When your attorney requests this file review from another physician, the results of these reviews will have certain privileges such as confidentiality as a matter of Florida law. A proper response to the Department of Health's complaint alleging a standard of care violation should contain an affidavit supporting the physician whenever possible.

In order for the Department of Health to proceed any further against a physician, it will require the services of another physician to generate a standard of care affidavit adverse to the physician. A discussion of the process which takes place once the Department of Health reaches a decision concerning probable cause and whether to file an administrative complaint against the physician exceeds the scope of this article. It should be noted, your defense is very similar to defending a medical malpractice case. For this reason, a preliminary response is of utmost importance. It sets the stage for how you are going to defend the matter as it proceeds, if it proceeds.

Unfortunately, the cost of defending administrative actions initiated by the Department of Health can easily exceed \$20,000.00. The costs of retaining experts for testimony can be a significant part of this amount. Fortunately, stand alone coverage can be purchased to cover Department of Health complaints, Medicare/Medicaid audits, and complaints for privacy violations under HIPPA. This coverage may be purchased as a stand alone product or as an addition to coverage provided under primary medical malpractice policies.

Medicare and Medicaid audits and privacy complaints initiated and administered through agencies separate from the Department of Health can be costly and should be treated with the same amount of attention as a Department of Health complaint. In many instances, physicians will be notified by the administrative entity processing Medicare and Medicaid billings that a physician's coding is not accepted or incorrect. Depending upon the amount of your billings being submitted, the demand for recapture of these amounts can be quite significant. Your first response to these matters should be prompt and detailed. The administrative appellate process rarely overturns the decision making of the initial agency. In the case of Medicare and Medicaid audits, specialists licensed by the State of Florida should be consulted in determining compliance with all state and federal requirements. This consultation should be conducted through your attorney and can be incorporated in your initial response to the agency.

In summary, a strong and professional initial response should be made to each and every complaint and inquiry for information. The days of informally replying to these matters are at an end.

George K. Brew, Esquire is general counsel for the Florida Physicians Association Legal Defense Insurance Company. Mr. Brew has been licensed to practice law in the State of Florida since 1990 and practices primarily in the areas of litigation and healthcare law. Florida Physicians Association Legal Defense Insurance Company was incorporated in 1991 to provide coverage for Florida physicians in protecting their medical license.

"Medical care is a professional service. You don't have the right to use force to defend it; therefore, it is not a right.. You do have the right to seek it and use your own resources or persuasive skills to obtain it, without asking a bureaucrat for permission. Therefore it is not a privilege."

Jane Orient, M.D., Association of American Physicians & Surgeons, Inc

Implementation of Provider Authentication Requirements for Contacting Medicare

From First Coast Service Options, Inc Website

Effective date: March 1, 2009

Implementation date: January 5, 2009

Revision to MLN Matters article MM6139

The Centers for Medicare & Medicaid Services (CMS) revised this article on August 13, 2008, to change the MLN Matters article MM6139 title to more accurately reflect the change request (CR) 6139 requirements. Additionally, changes were made to further clarify the authentication requirements. In particular, the note on page 2 of the article was changed to indicate that you will only be allowed three attempts to correctly give your national provider identifier (NPI), your provider transaction access number (PTAN), and the last five-digits of your tax identification number (TIN).

Summary

In order to comply with the requirements of the Privacy Act of 1974 and of the Health Insurance Portability and Accountability Act; customer service staff at Medicare fee-for-service provider contact centers must properly authenticate callers, and writers, before disclosing protected health information.

Because of issues with the public availability of previous authentication elements, CMS has addressed the current provider authentication process for providers who use the interactive voice response (IVR) system or call a customer service representative (CSR). To better safeguard providers' information before sharing information on claims status, beneficiary eligibility, and other provider related questions, CMS has added the last five-digits of the provider's TIN as an additional element in the provider authentication process. Your Medicare contractor's system will verify that the NPI, PTAN, and TIN are correct and belong to you before providing the information you request.

Other authentication issues addressed in this article are:

- Authentication of providers with no NPI
- Beneficiary authentication
- Written inquiries
- Overlapping claims

Please review the the article on the FCSO Medicare provider site at

http://www.floridamedicare.com/Part_A/Billing_and_Coverage/131272.asp for additional details.

Did you know you can sign up to receive regular notices of changes to the Medicare Program?

Join our Medicare eNews LISTSERV to receive up-to-date information regarding changes to the Medicare program, billing and coverage policies, and many other topics of interest. **Sign up now** and receive automatic e-mail notifications whenever urgent or critical Medicare information is posted to FCSO's Medicare provider Web site. Simply visit our FCSO Medicare provider Web site at www.fcso.com. Select **Florida Providers**, and then click on **Join eNews** at the top right of the Web page to sign up for eNews alerts.

President's Message *Continued From Cover*

When I arrived, Lee County had just over 400 physicians with 316 belonging to the LCMS. A large number of these members attended the monthly meetings and many served on the different committees. Today we have well over 1200 practicing physicians in Lee County with 600 being members of LCMS. Our monthly dinner meetings have dwindled to only 50 or so. Now is the time for us to become more involved. Our collective needs to improve the practice of medicine in Lee County are great so our efforts and participation need to be greater.

My goals this year are simple, involvement and collaboration. Increasing membership and member involvement is paramount if we are going to succeed as an organization. Only with new and varied ideas can we plan and act to help all of us practice our craft. I ask all reading this to encourage your partners and colleagues to join the LCMS. Some of the larger groups can provide membership as a benefit to the individual. This lessens the financial burden to the individual physician.

I also challenge our members to participate in LCMS meetings and activities. The monthly dinner meetings allow us to get together and discuss what is important to each of us. Collaboration involves a concerted effort on the part of all physicians to dialog with LMHS to the betterment of our practices and ultimately for caring for the patient. LCMS will continue to advocate and focus our concerns and suggestions helping the hospital system work together with all physicians. I feel these goals are very attainable and are needed to ensure our success. I strongly encourage all suggestions and comments. My email address is hobbsdl@comcast.net. Only a well represented organization can promote our messages. I hope with your help we can accomplish these goals and help physicians practice medicine.

2009 Medicare physician payment rule published

From AMA Advocacy Update

On November 19, the Centers for Medicare and Medicaid Services (CMS) published a final regulation in the *Federal Register* on the 2009 Medicare physician payment schedule. The rule describes numerous changes that take effect in 2009, including: an across-the-board payment update of 1.1% as required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA); a 2% incentive payment for reporting on Physician Quality Reporting Initiative (PQRI) measures; and an additional 2% incentive payment for electronic prescribing.

In addition, the rule reflects the final phase-in of the most recent update to the geographic practice cost indices (GPCIs); the third year of the transition to revised practice expense relative values; changes in certain relative values due to adoption of RUC recommendations; and a shift of the budget neutrality adjustment from the work relative values to the conversion factor.

When the various changes in payment rates for services are combined, those specialties estimated to benefit most, with an average 4% increase, include infectious disease specialists, psychiatrists and emergency physicians, followed by 2-3% increases for anesthesiologists, cardiac surgeons, colorectal surgeons, intensivists, family physicians, gastroenterologists, general surgeons, geriatricians, internists and several others. Specialties experiencing average decreases of 1%-2% include allergists, cardiologists, oncologists, and nuclear physicians. No net payment changes are estimated for radiologists, urologists, ophthalmologists and orthopedic surgeons.

A 60-day public comment period on certain elements of the final rule will close on December 29. Please note, however, that comments will not affect 2009 payment rates and policies but may influence policy for future years. The final rule is available at: http://www.access.gpo.gov/su_docs/fedreg/a081119c.html.

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Out and About...

The Lee County Medical Society was invited to...

Dr. Marvin Porter Retirement Party

It is our pleasure to announce the transition of Associates in Dermatology's long time leader, partner, and friend, Dr. Marvin S. Porter, into the next phase of his professional career. Associates in Dermatology held a retirement cocktail reception at the Royal Palm Yacht Club December 14th with approximately 276 physicians, friends and staff in attendance to mark the event and a good time was had by all. Dr. Porter joined Dr. Joseph Fiore in practice to form Associates in Dermatology in 1978 and has, for the past 31 years, delivered the highest quality dermatologic care available. His friends at Associates and throughout Lee County have come to respect Dr. Porter for his professional abilities, leadership qualities and compassionate care; we have all similarly come to love him for his *joie de vivre*, his accent, and his completeness as a human being. Mazeltov!



Kathleen Luby sang a remake of New York, NY to Dr. Porter.



Dr. Lawrence Leigh, Dr. Marvin Porter, Mrs. Lesley Porter & Dr. Jitka Vasek Leigh

Open House for Femme Care held by Dr. Sergio Vignali

Dr. Sergio Vignali hosted an open house for Femme Care a new obstetrics/gynecology practice in Lee County at the new office at 13100 Westlinks Terrace Ste 10 on December 16, 2008.



Chris Rakunas, COO, Lehigh Regional, Drs. Sergio Vignali and Dolores Delgado, & Lehigh Regional CEO Jose Morillo and COO Jeff McMullen



Dr. Audrey Farahmand and her Office Manager Cheryl Auer



Ron Decker, Ethicon Women's Health & Urology and Eve, Femme Care Office Manager

Dr. Robert Pascotto Retirement Party



Drs. Harvey Tritel and Robert Pascotto with their respective sons, Drs. Paul Tritel and Robert Pascotto, Jr.

A retirement party for Dr. Robert Pascotto, Sr. was held November 2008. Dr. Robert Pascotto, Sr. performed the first CABG in Fort Myers. Dr. Harvey Tritel was instrumental in opening the cardiac cath lab and bringing down Dr. Pascotto to help create the Cardiac Bypass program.

Both physicians' sons came back home to Lee County to practice medicine. Dr. Robert Pascotto, Jr. joined his father's group, Gulf Coast Cardiothoracic and Vascular Surgeons, as a second generation CT surgeon and Dr. Paul Tritel returned to town as an Internist at Internal Medicine Associates.

Health Care Clinic Establishment Permit

Crystal Sanford,
Florida Department of Health

On May 1, 2008, the Florida Legislature passed HB 7049. In addition to substantially reorganizing Chapter 499, Part I, Florida Statutes, the bill created two new permits under Drugs, Devices, and Cosmetics Program. One of the new permits is called a "Health Care Clinic Establishment Permit."

Effective January 1, 2009, a health care clinic establishment permit will be required for the purchase of prescription drugs by a group practice (place of business at one general physical location owned and operated by a professional corporation or professional limited liability company described in chapter 621 F.S., or a corporation that employs a veterinarian as a qualifying practitioner) that wishes to purchase its own prescriptions. Under current law, health care practitioners in a group practice setting must individually order their own prescription drugs for dispensing or administering to their own patients under their own license number.

As part of the application required under section 499.012, F.S., the establishment will be required to designate a qualifying practitioner who will be responsible for complying with all legal and regulatory requirements related to the purchase, recordkeeping, storage, and handling of the prescription drugs. For the purposes of this section, a "qualifying practitioner" is a licensed health care practitioner defined in s. 456.001 or a veterinarian licensed under chapter 474, who is authorized under the appropriate practice act to prescribe and administer a prescription drug.

Additionally, the designated qualifying practitioner must be the practitioner whose name, establishment address, and license number is used on all distribution documents for the prescription drugs purchased or returned by the health care clinic establishment.

The qualifying practitioner and health care clinic establishment are responsible for notifying the department within 10 days of any changes to their designated qualifying practitioner.

Please follow the links below for the Health Care Clinic Establishment permit application, application instruction / reference, and the Change in Qualifying Practitioner form.

LINKS:

Application:

Health Care Clinic Establishment Application—
www.doh.state.fl.us/pharmacy/ap_HCCE.pdf

Instructions:

Health Care Clinic Establishment Quick Reference Guide —

www.doh.state.fl.us/pharmacy/info_HCCEGuide.pdf

Health Care Clinic Establishment Law Summary —

www.doh.state.fl.us/pharmacy/info_HCCELaw.pdf

Link to Qualifying Practitioner Change form:

Health Care Clinic Establishment Change of Designated Practitioner —

www.doh.state.fl.us/pharmacy/info_practitioner.pdf

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New Lee County Program to Coordinate Donated Specialty Care

Kris Ritts, Coordinator, Volunteer Health Care Connections

Lee County Medical Society has joined with seven other community organizations to re-establish a county-wide volunteer physician referral program for donated specialty care to uninsured patients.

Called *Volunteer Healthcare Connections (VHC)*, the new program takes over from "Lee We Care," which ended operations in 2007. The goal is to create an orderly and responsive process for qualified charity care. *VHC* enables medical and surgical specialists in the community to provide needed 'pro bono' consults and services to low-income men and women, aged 19-64 years of age whose medical and financial eligibility will have been pre-screened. The eligible Lee patients are to be referred only from primary care providers at Family Health Centers, the Salvation Army, and Lee County Health Department. An experienced medical administrator, Kristin Ritts, M.B.A., has come on board to coordinate the referrals and set the program's procedures, under the guidance of a Steering Committee, whose membership has included the 2008 LCMS President, Dr. Dean Traiger, and the LCMS Executive Director, Ann Wilke.

Volunteer Healthcare Connections is rolling out its initial recruitment of doctors in January 2009, seeking independent and employed specialists in cardiovascular diseases, gastroenterology, orthopedics, pathology, radiology, anesthesiology, and surgery. Additional specialties will be recruited as the pilot phase gets well underway.

Can you help? *VHC* is seeking a commitment from specialists to see 1-2 new patients per month in "fair share" rotation with colleagues across Lee County. Doctors are able to limit the referrals to fewer patients or to certain clinical indications, in line with their practices. Because the *VHC* program operates within guidelines set by the Florida Department of Health for volunteer health services, participating doctors can receive sovereign immunity (and access to partial CME credits) when agreeing to join.

Why should you help? The requests for "pro bono" care that LCMS members provide have continued to rise, especially in the past year, and the challenges are being seen every day in the practices, outpatient centers, and hospitals. *Volunteer Healthcare Connections* is a careful and pro-active way to re-structure and re-channel the good will and donated care to Lee County patients who truly will benefit, and whose needs and eligibility already have been established. Referral requests from one clear source and front-end paperwork already in place lets specialty doctors and practices focus instead on the clinical solutions.

Interested? Need more information? Contact Kristin Ritts, Coordinator, Volunteer Healthcare Connections, based at the United Way offices in south Fort Myers, phone: 239-433-2000 ext. 243; e-mail: kgritts@unitedwaylee.org.

Volunteer Healthcare Connections is a United Way of Lee, Hendry & Glades' initiative in partnership with: Cape Coral Community Foundation, Family Health Centers of SW Florida, Lee County Health Department, Lee County Medical Society, Lee Memorial Health System, The Salvation Army, and the Southwest Florida Community Foundation.



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Memorial Scholarship Fund for Robyn Wright

Pam Anderson, HMA President 2008

Robyn Wright was a valued long-term member of Health Management Association. Her sudden death shocked and saddened all who knew her. Many HMA members had been friends or co-workers of Robyn's for many years. Robyn's optimistic personality endeared her to anyone she met. If you needed a lift, you visited Robyn. An astute businesswoman and active community member, Robyn's life was dedicated to her family and to her community. To honor her, HMA has established a scholarship in her name. Anyone may contribute to the scholarship which will benefit Lee County residents wishing to further their education at Florida Gulf Coast University. Your contribution to the HMA Scholarship in Memory of Robyn Wright can be made by credit card or by sending a check to:

FGCU Foundation
HMA Scholarship in Memory of Robyn Wright
10501 FGCU Blvd. S.
Fort Myers, FL 33965

Odds and Ends

New AMA resource: Perform a claims process check-up to improve the health of your practice

The American Medical Association's (AMA) "Heal the Claims Process"™ campaign focuses on reducing the administrative burden physician practices face to ensure accurate payment on claims, thereby increasing the resources and time physicians can devote to caring for their patients. As part of this campaign, the AMA has created the tool "Prescription for a healthier practice: Physician claims process check-up." This checklist helps physicians examine their practice's ability to analyze health insurer payments for accuracy and effectively address delays, denials and reductions in payment. Physicians can visit the AMA Practice Management Center Web site at www.ama-assn.org/go/pmc to access "Prescription for a healthier practice: Physician claims process check-up," part of the "Heal the Claims Process"™ campaign toolkit. Federation members can also visit www.ama-assn.org/go/promotehtc to download this PDF and other campaign promotional materials for distribution to their physician members.

Information available on Medicare e-prescribing incentive payments

To stimulate e-prescribing adoption, Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) provides that, starting in 2009, physicians will be eligible for incentive payments when they e-prescribe for Medicare patients seen in their offices. Physicians who are eligible for the incentive payments but fail to adopt e-prescribing will face penalties beginning in 2012. To help with inquiries that may arise, the American Medical Association (AMA) created a "**frequently asked questions**" flier (PDF), "Understanding the basics of Medicare's electronic prescribing incentive program." This new guide covers the fundamental basics of the program, including such topics as what the program is, incentive amounts for using the program, eligibility criteria to receive incentive payments and reporting and system requirements. Additional information, including a Centers for Medicare & Medicaid Services (CMS) guide, is available on the CMS web site at:

http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage

CME Available

Lee Memorial Health System Continuing Medical Education for January 2009

New Paradigms in the Management of Osteoporosis

Presented by Richard J. Weiss, M.D., an endocrinologist with Internal Medicine Associates

Monday, January 12, 2009, 6:00 p.m.—7:00 p.m. for CME & Dinner

Southwest Florida Regional Medical Center Auditorium, Fowler Street

RSVP for Dinner by January 9th—573-5680 Supported by Warner Chilcott

HIV/ AIDS Update

Presented by Marshall D'Souza, M.D., Internist with Lee Physicians Group and Medical Director of the McGregor Clinic, HIV/AIDS

Wednesday, January 21, 2009, 6:30 p.m.—7:30 p.m. for CME & Dinner

Lee Memorial Hospital Auditorium, Cleveland Avenue

RSVP for Dinner by January 19th—573-5680

Risk Management

Presented by Robert McCurdy, MS, JD, Lee Memorial Health System Legal Services

Thursday, January 29, 2009, 6:30 p.m.—7:30 p.m. for CME & Dinner

HealthPark Medical Center Room HP1B

RSVP for Dinner by January 27th —573-5680

Lee County Medical Society

3805 Fowler Street Ste 2

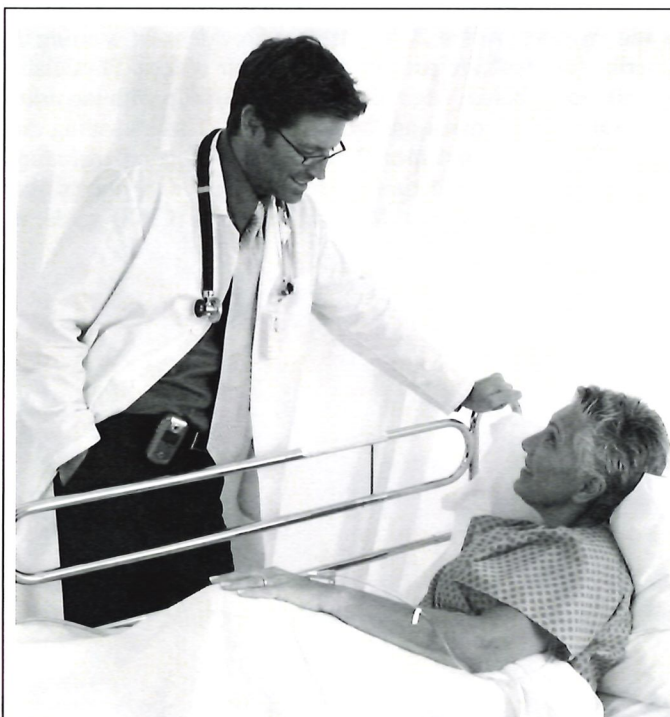
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