LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Volume 33, Issue 2 | Editor: Mary C. Blue, M.D. | September 2009

2009 Meetings and Events

LCMS General Meeting

Thur, September 17, 2009
6:30 p.m. Social Time
7:00 p.m. Dinner

Electronic Medical Records
James W. Penuel, Jr. MD

LOCATION CHANGE
FineMark Bank
12681 Creekside Lane
Fort Myers, FL 33919

RSVP Medical Society Office
LCMS, PO Box 60041, Ft Myers 33906
Tel: 936-1645 Fax: 936-0533

September is Women In Medicine Month

We would like to thank LCMS women physicians for your contributions to medicine in Lee County.

Inserts

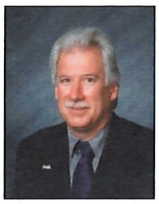
- **September Meeting Notice**
- **Media Relations Seminar**
- **LCMS Committee Sign up**
- **Alliance Potluck in Paradise**
- **SWFL Osteopathic MS Seminar**
- **Hill, Barth & King Insert**

Inside this issue:

President's Message

My Two Cents

Larry Hobbs, M.D.



I'd be remiss if I didn't weigh in on health care reform. Whatever plan develops it will affect us the most as physicians, small business owners and tax payers. The big question is do we need health care reform? In 1974, health care spending as a proportion of the US gross national product (GDP) was 7.2%. In 2007, healthcare spending had grown to 16.2% of GDP. It has been predicted that at the present rate of growth, in 2025 it will be 25% of GDP. Since 2000 the average family premium for healthcare insurance has increased by 88%. According to the *New American Foundation* the percentage of median family income required to purchase health insurance rose from 7% in 1987 to 17% in 2006. They predict at the current rate that in 2016 it will require 34%-45% of the median family income to purchase family health insurance. This is obviously unsustainable. Therefore, it is important to enact some type of healthcare reform. What should be included? Reform should be approached in three different areas, cost, quality and access.

COST— It is obvious from the statistics that cost control is the predominating issue. When the public was polled by the *Institute for Good Medicine*, 63.4% felt there should be some type of universal healthcare. But, only 26.8% would want a tax increase to pay for it. A recent study by *Price Waterhouse Coopers* noted that there was over **$1.2 trillion** in identified waste in healthcare spending. Inefficient claims processing ($210 billion), obesity or overweight behaviors ($200 billion) and defensive medicine ($210 billion) made up the largest areas of waste. The current proposed legislation does very little in substantive cost cutting in these areas.

QUALITY — Approximately 44,000 deaths annually could have been prevented if hospitals implemented best practices. National PQRI and other fundamentally flawed government incentives have not worked to change or affect quality. Evidence based guidelines are only being followed 55% of the time. It may be that quality should be directed at the local level. A well conceived and represented partnership with physicians and hospitals along with a functional electronic health record system may improve communication among all health care providers. For this to work there needs to be loosening of the antitrust laws pertaining to physicians as well as repealing Stark regulations. It also seems that the bundling of episodic patient care in the hospital setting is in our future. These partnerships could better manage this form of payment. True evidence based guidelines could also be expanded. Adherence to these guidelines should be tied to some type of immunity as well.

ACCESS — Access to health insurance as well as access to physicians should be inexorably connected. Providing government sponsored health insurance is obviously the most politically beneficial to those in Washington. A conservative estimate is that it will cost $1 to $1.5 trillion over the next 10 years. Last year there was little talk of trillions of dollars. To give you an idea of a trillion, a trillion seconds ago occurred around 30,000 BC! How can we talk of access before reigning in costs and waste? The 'new' government sponsored health insurance plan has been proposed to pay physicians at or slightly above current Medicare rates. But with the obvious shortage of primary care physicians we may have a problem with access. I foresee a large number of newly entitled individuals who cannot make a timely appointment with the primary care doc flock to the most expensive healthcare entity…the hospital emergency department.

I do feel that there needs to be legislated policy to tackle this looming crisis. But, I also feel those in Washington are trying to get the most votes they can by providing yet another public entitlement. Congress and the President should instead seek to make the hard decisions partnering with those who provide this valuable public service, the practicing physicians. Here is my 'wish list':

- Reform the antitrust laws and repeal the Stark regulations. This would allow physicians to partner with each other and with the hospitals in accountable care organizations at the local level. These type of arrangements can help improve quality while cutting waste. Negotiations with the payers would improve while cutting claims expenses incurred by physicians and hospitals.
- Tort reform has to be included. So much waste can be removed from healthcare spending by removing the impetus of practicing defensive medicine. Developing health courts, caps on pain and suffering and/ or immunity for adherence to evidence based practice guidelines would help remove this waste.
- Elimination the SGR formula for determining physician payments. Again, this ill conceived formula places the burden of rising healthcare costs on physicians and their practices. If allowed to continue, it will decrease patient access by forcing physicians not to see Medicare patients.

Continued on page 5

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.leecountymedicalsociety.org

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

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

New Practice/Address

S. Scott Greer, DO
Greer Healthcare and Associates
8140 College Pkwy #101
Fort Myers, FL 33919
Tel: 239-267-3377 Fax: 239-267-3307

Ankush Gulati, MD
Lee Kidney Center
3227 Lee Blvd Ste 4
Lehigh Acres, FL 33971-1428
Tel: 239-303-2820 Fax: 239-303-2511

Anne M. Lord-Tomas, DO
Robert M. Tomas, DO
U-First Surgery and Gynecology
12640 World Plaza Lane Bldg 71
Fort Myers, FL 33907
Tel: 239-206-4778

John D. Ritrosky, MD
13981 McGregor Blvd Ste 101
Fort Myers, FL 33919-6130
Tel: 239-275-8898

Stephen Sager, DO
14131 Metropolis Avenue #103
Fort Myers, FL 33912
Tel: 239-768-7071

Sergio Vignali, MD
Femme Care
14421 Metropolis Avenue Ste 103
Fort Myers, FL 33912
Tel: 239-226-0003

Members in the News

Jonathan Frantz, MD, Congratulations to Dr. Frantz for 15 years in practice at Florida Eye Health.

Larry Hobbs, MD received the Martin Gottlieb Award at the Florida College of Emergency Physicians Annual Meeting August 8th in Naples, FL. The Award was established to recognize a Florida College of Emergency Physician member who has advocated for emergency medicine and the patients cared for by the emergency care providers. The member shall have represented FCEP in the legislative and regulatory area at the state and federal level. The award is named in honor of Martin Gottlieb, a friend of emergency medicine who created an emergency medicine billing company and worked tirelessly in Tallahassee on behalf of the FCEP.

Nadia A. Kazim, MD, Eyelid & Facial Cosmetic Surgeon at The Aesthetic & Cosmetic Laser Center at Florida Eye Health, was among 13 oculo-facial plastic surgeons who earned the designation as a Fellow in the American Society of Ophthalmic Plastic and Reconstructive Surgery, Inc. at its 2009 Spring Symposium held July 13 – 16 in Dana Point, CA. Congratulations to Dr. Kazim.

Contact the Medical Society with your news and accomplishments and let us know if you have any ideas for an article or would like to contribute to the BULLETIN.

LCMS Members on FMA Board, Committees & Councils

Several Lee County Medical Society members have been appointed to FMA Councils and Committees. We would like to thank and congratulate:

Steven R. West, MD - Immediate Past President ,on FMA Board, Delegation to the AMA, Board of Past Presidents, Committee on Finance and Appropriations, Task Force on National Advocacy, FMA Services
James Rubenstein, MD - FMAPAC, Committee on Finance and Appropriations
Craig Sweet, MD - Council on Ethical and Judicial Affairs
Tinerfe Tejera, DMD, MD - Council on Legislation
Larry Hobbs, MD - Council on Legislation, Council on Medical Economics
John A. Churchill, MD - Professionals Resource Network, Inc.

The inherent vice of capitalism is the unequal sharing of blessings; the inherent virtue of socialism is the equal sharing of miseries.
~Winston Churchill~

As I Recall...

Roger D. Scott, M.D.

Black Septembers

I marvel each evening as I watch the complexity of the weather news reports with all the gadgets and gizmos that are used. I can't help often regressing and remembering the days of old before telephones, radios, TVs, hurricane hunter planes, Dopplers, and so many modern techniques.

September 9, 1919 was one of the early recorded Florida hurricanes. It passed across the Florida Keys as a Category 4 storm with considerable damage to structures and killed possibly several hundred persons although records are scant. There were less than a million people in the whole state of Florida and less than 19,000 in Monroe County (the area of now Lee, Collier and Hendry was included Monroe County at that time). The Florida East Coast Rail Road had reached Key West in 1912 bringing more people in the area but there was still a minimal populace present. The hurricane did not hit mainland Florida but went on to Corpus Christi, Texas and was responsible for 600 to 800 deaths (12th ranked) in its course.

On **September 18, 1926 MIAMI** and its beach were enjoying the Florida Boom when a Category 4 hurricane with winds of 125-150 mph struck. An hour before the storm hit, the weather bureau issued warnings; however, news dissemination was poor with only one radio station in South Florida and not many radios. A 12 -15 foot storm surge occurred with massive damage to structures. A 35 minute eye (break in the storm) occurred and Richard Gray, the weather chief, stated that many of the uninitiated populace (The area was filled with Northerners who had not experienced hurricanes before) thought that the storm was finished so they came out of shelters and a large number of people were lost in the back wall of the storm. Practically all the structures suffered some damage and many were totally demolished especially on Miami Beach which was practically wiped out. The death toll was hard to determine in 1926, but it was felt that between 300 and 500 (10th ranked) persons were lost.

The storm then passed towards the southwest shore of Lake Okeechobee with the heavy rains and strong wind blowing causing the 3 foot mud dike to rupture with consequent flooding of Moore Haven (population about 900). There was extensive wind and flood damage with approximately 150 deaths. Moore Haven remained flooded for eight weeks. The storm then passed on into the Gulf in a weakened state and struck near Pensacola with much less damage. (I was born less than two months later.) The Miami storm caused so much economic damage (approximately $105 million) that Florida's economic depression started one year before the Great Depression of the United States.

September 16, 1928 was the landfall of the intense Category 4 **OKEECHOBEE** hurricane with winds of approximately 150 mph and a 10 foot surge in the Palm Beaches. Weather reporting had improved and Palm Beach was notified so only 26 lives were lost, but 1,711 structures were destroyed. The Jupiter Inlet Light House became a swaying tower and was shifted 17-inches off its base. The strong storm continued to the west and then the eye wall passed over Lake Okeechobee. South Bay had one telephone and had warned the citizens of the south end to evacuate the low ground earlier in the day but were sadly ill-advised and felt the storm would not affect them. With the wind blowing 145 mph and the heavy rainfall the lake overflowed with a six-foot surge and washed away the 5 foot mud dikes and spread floodwaters (some up to 20 feet) over Moore Haven and hundreds of square miles of South Shore landscape. The majority of the living and the dead were swept out into the Everglades and some were never found. The clothing had been swept away from many (both the living and dead) by the rapid flooding through the woods. It was three days after the storm before the severe damage to this remote community was reported to outsiders and then volunteers came to offer assistance in trying to recover the bodies and bury the dead. Some dead bodies were buried in homemade wooden caskets and some in mass graves (One common grave in Port Myakka holds 1,600 victims.), but by the fifth day there were still many bodies decomposing and it was necessary to burn them. The whole town of Moore Haven pretty much washed away and was flooded for many weeks. Entire generations of families were lost. One survivor related that he lost his mother, father and brother, but the mother's body was never found. Four days after the storm an 83-year-old woman from Belle Glade was found alive in a tin wash tub! It was estimated that 2,500-3,000 died, but this may be inaccurate as many bodies were never recovered from the vastness of the Everglades. A shift in the wind caused the water to overflow the northern end of the lake but with much less damage as this was higher ground. The hurricane continued northward up through Florida inland and very near Kenansville Florida where we lived at the sawmill. I am not sure how we were warned that a storm was coming as we did not have a phone, electric power or radio. Our weather forecasting was based on the increasing winds, some times the "still" before the storm hit, the sky and cloud formations, increasing rain, birds flying away, the mules being restless, and perhaps the Indians (who seem to always know) advising us. The Seminoles stated that when the Poinciana trees bloom real heavy we will have a bad hurricane season. The two story Heartbreak Hotel was the only brick structure around and my family stayed there. (This was covered also in a previous AIR article.) I was only 22-months-old and mother told me that she had to fight hard against the wind to hold me in her arms to keep me from blowing away as the wooden shutters blew out of all the windows. We survived uninjured and any damage to the mill was repaired. The storm continued on up through Florida and blew out near the South Carolina coast. This 1928 storm was second on record for the number of deaths (2500 +/-) from hurricanes as of 2005. As a consequence of this storm, President Herbert Hoover authorized the construction of the present dike system and flood control canals and lock systems to prevent future flooding.

September 2, 1935 brought the vicious Category 5 **Labor Day Hurricane to the Florida Keys** causing massive damage & 408 deaths (8th ranked). Most deaths were of World War I veterans who were constructing the Overseas Highway from Miami to Key West. Loss of the Florida East Coast R.R. left Key West with only boating connections to the keys & mainland. The state of Florida purchased the remnants of the devastated railroad and built a portion of US Highway #1 upon the spans thereby opening traffic to Key West. I well remember as a child seeing the old railroad columns standing alone as monuments to the storm & dead. The storm continued in the Gulf & made landfall at Cedar Key as a Category 2 storm.

Thanks to modernization of weather predictions & dissemination we are all safer and have less structure damage.

Remember 9-11 and thanks to all of the heroes who serve to protect us.

H1N1 Update

Judith Hartner, MD, Director, Lee County Health Department

Influenza A H1N1 (Swine) first appeared in Lee County in late April. We had one of the first confirmed cases in Florida. H1N1 was the center of attention for several weeks. As most of you know, the attention waned, but the disease did not. Florida and Lee County continued to experience cases of H1N1 through out the summer.

How is the Health Department monitoring the incidence of H1N1 influenza in Lee County?

- Since early May, LMHS has kept a tally of the number of visits to emergency departments on a daily basis.
- When school resumes, we will monitor school absentee rates.
- We have two urgent care clinics that volunteered to be Sentinel Physician sites. Sentinel physicians report the percentage of outpatient visits that present with influenza like illness (ILI) on a weekly basis and obtain viral culture swabs on the first five patients they see each week with ILI. These viral cultures are processed at the DOH state laboratory at no cost to the patient or the practice.
- We do not have any hospitals participating in syndromic surveillance in Lee, but there are several hospitals in neighboring counties. We can look at their data as a surrogate marker for influenza activity in the region. Data are updated weekly and posted at www.doh.state.fl.us/Disease_ctrl/epi/swineflu/index.html.

When should I report a confirmed or suspected case of H1N1?
We are no longer counting individual cases, so there is no need to report routinely. We ask that you give us a telephone call (332-9657) if :

- you suspect H1N1 in a patient who lives in a congregate setting (nursing home, group home, shelter, etc.) or attends school or day care
- you admit a patient with ILI to the ICU

When should I be testing patients for H1N1?
The decision to test is yours. The DOH laboratories are accepting specimens from patients who meet the conditions described above. The turn around time from the state laboratory is more than a week, testing through the state lab is for epidemiology purposes, not to guide clinical management. Commercial testing is available.

For the past month, over 70% of all viral specimens submitted to DOH laboratories for respiratory illness are positive for influenza. In the winter months, this figure is 30-40%. Of all specimens positive for influenza over 95% are positive for H1N1. At least until the respiratory virus and seasonal flu season pick up this fall, it is reasonable to assume that a patient with ILI has H1N1 influenza. (www.doh.state.fl.us/Disease_ctrl/epi/swineflu/Guidance_6-30.pdf)

Who should be treated with anti-virals?
CDC guidance is that anti-virals be used for patients with H1N1 who are at increased risk of complications because of a pre-existing medical condition. Anti-virals should also be considered for close contacts of cases when the contact has a chronic condition that puts them at increased risk of influenza complications. Chemo-prophylaxis should also be considered for health care workers who have a recognized close, unprotected exposure. (www.cdc.gov/h1n1flu/recommendations.htm)

Lee County Health Department pharmacy has a supply of oseltamivir for patients who cannot afford the medication or for patients who cannot locate the medication through a retail pharmacy.

When will vaccine be available and how will it be distributed?
As of this writing, vaccine trials are still being conducted. If the decision is made to distribute vaccine, first doses may be available as early as mid-September, but, more likely, larger supplies will be available in October and November.

Decisions about distributing the vaccine are not final. It will not be available commercially. Distribution will be coordinated through health departments.

Will private practices be able to order vaccine?
Yes, especially those practices that will see many patients in the priority groups. Physicians will be asked to sign a provider agreement, provide vaccine information to patients, and account for the usage of the doses supplied. You will be able to charge an administration fee.

What are the priority groups?

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years of age
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza. (www.cdc.gov/h1n1flu/vaccination/acip.htm)

As more doses become available the vaccine will be offered to anyone who wants it.

Will the health department offer vaccine to the public?
Yes. The details of how, when and where are still being worked out. Vaccine will be provided to hospitals and other health care settings in the county so that health care workers have easy access to the vaccine.

How can I help?

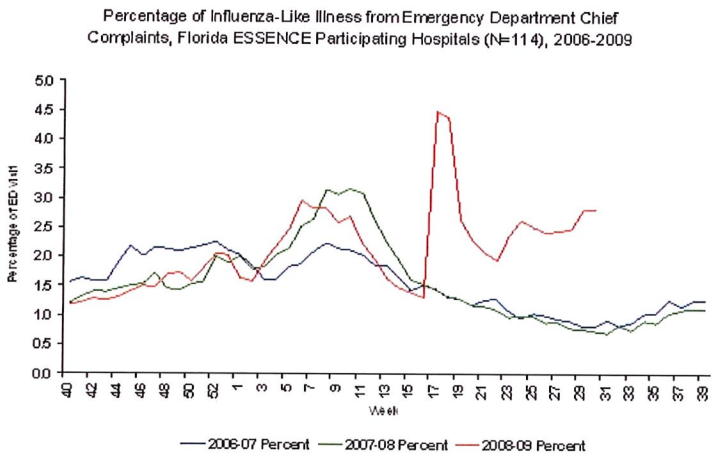
⇒ Important! Instruct your patients with probable H1N1 to stay home from school or work until they have been afebrile for 24 hours without the use of antipyretics.

⇒ Get immunized – both seasonal and H1N1 vaccine.

⇒ If your practice wants to receive vaccine, call the Lee County Health Department at 332-9510.

⇒ Volunteers will be needed to assist at large public immunization clinics.

Caveat: The information above is correct on August 13, 2009. Guidance and information are changing quickly. The internet sites referenced above will have most recent information.

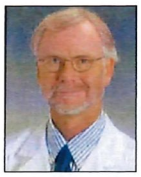


New Member Applicants

Darius Biskup, M.D. attended State University of New York, Syracuse, NY and received his MD degree in 2003. He completed his internship at Long Island Jewish Medical Center, New Hyde Park, NY from 2003-04; residency at New York University Medical Center, New York, NY 2004-08; and fellowship at Johns Hopkins Hospital, Baltimore, MD 2008-09. He is certified by the American Board of Radiology. Dr. Biskup is in practice with Radiology Regional Center, 3660 Broadway, Fort Myers, FL 33901, Tel: 936-2316.

James A. Bynum, M.D. attended University of Texas and received his MD degree in 2003. He completed his internship/residency at University of Texas, Galveston TX from 2003-2008 and fellowships at Plano & Associates Orthopedics and Sports Medicine, Plano, TX from 2008-2009. He is in practice with A. Kagan Orthopedics & Sports Medicine, 8710 College Pkwy, Fort Myers, FL 33919, Tel: 239-482-8788.

Charles Camisa, M.D. attended Mt. Sinai School of Medicine and received his MD degree in 1977. He completed his internship at Case Western Reserve Affiliated Hospitals, Cleveland, OH from 1977-78 and residency at New York University School of Medicine, New York, NY 1978-81. He is certified by the American Board of Dermatology in Dermatology and Dermatologic Immunology. Dr. Camisa is in practice with Riverchase Dermatology, 7331 Gladiolus Drive, Fort Myers, FL 33908, Tel: 437-8810.



James E. Kursch, M.D. attended Indiana University and received his MD degree in 1977. He completed a residency at St. Vincent Health Center, Erie, PA from 1977-1980 and fellowships at Michigan State University, East Lansing, MI in Geriatric Medicine from 1986-1987 and Primary Care Faculty Development from 1987-1988. He is board certified by the American Board of Family Medicine in Family Medicine and Geriatrics. He is in practice with Total Senior Mobile Physicians at 3369 Woods Edge Circle, #104, Bonita Springs, FL 33914, Tel: 239-495-5315.

Dennis Sagini, M.D. attended Temple University and received his MD degree in 2002. He completed his internship/ residency at Howard University, Washington, DC from 2002-2007 and fellowship at University of Pittsburgh Medical Center, Pittsburgh, PA from 2007-2008. He is in practice with Joint Implant Surgeons of FL at 2780 Cleveland Avenue #709, Fort Myers, FL 33901, Tel: 239-337-2003.

President's Message Continued

- Allow transparency of pricing involving all forms of healthcare. This will help the consumer of healthcare be more informed on the cost of testing, procedures and medications. It will then allow for competitive pricing which will work to bring down the cost of healthcare.
- Apply regulation of profits for insurance and drug companies. Allow open competition for all health insurance companies across the U.S. making them all available to consumers regardless of where they live. Also, allow portability of insurance plan regardless of job and mandate insurability regardless of prior medical history.
- Even though we all want access for everyone, the individual must take responsibility for their own healthcare. Promoting wellness especially with obesity and smoking will significantly cut the healthcare demands by our citizens.
- Expand and fund Medicaid for children and the poor by increasing physician payments to be equal with Medicare. Expanding the roles for all of those that need government assisted healthcare while increasing the payment structure to physicians would help improve access for these patients. This cost would be far less than developing a third governmental health plan. It would be meant for those that need and can't afford insurance coverage excluding the 20 million or so who elect not to have health insurance.
- Develop programs for families with loved ones who are near end of life by strengthening and promoting living wills and Do Not Resuscitate orders.
- And finally, avoid the politically popular and expensive proposal to develop yet another expensive entitlement program in order to garnish votes for the next election. Until a concerted and well coordinated effort in cutting healthcare costs occurs, another expensive 'bailout' will only prolong the worsening economic woes well into the future.

But that's only my opinion.....

Larry

Electronic Medical Records

James Penuel, MD, President, Independent Association of Lee County

Part of the Mission and Vision statement created by IPALC is to "Encourage adoption and integration of electronic medical records by all physician practices and hospitals." We are working closely with LMHS to explore ideas that will help us achieve this goal. The benefit is not just for the physicians and hospitals, but most importantly, for our patients.

Use of EMR has a multitude of potential benefits. These include improvements in health care quality, prevention of medical errors, reduction in health care costs, improvements in administrative efficiency, decreased paperwork and expanded access to affordable care. With health care costs steadily increasing at an unsustainable pace, we need to have a much clearer picture of how our resources are being utilized and somehow make the process of medical care more efficient and cost effective.

Medicare and other insurance companies have begun to recognize the need for data collection in an attempt to measure quality of care. Medicare has implemented PQRI, initially with financial incentives, but ultimately financial penalties for those who do not participate. We can anticipate similar demands from the insurance companies. The administrative burden of collecting all this data is potentially enormous. If the data must be generated manually, it becomes an impossible task. The role of an electronic solution becomes obvious.

The ultimate vision is to have systems in place that would allow us to track the outcomes of almost everything we do. This is quite a utopian concept, and is far beyond the capability of any systems currently in place. At this point, most outcomes data is based on very crude information, primarily claims data. As more information becomes available, we need to be concerned about how it is used. Physicians are intelligent and respond appropriately to feedback that helps us improve the way we care for patients. This is the best and highest use of outcomes data. Unfortunately, this data is not randomized or controlled, and may not be as reliable as data generated by quality medical research. There is tremendous potential for abuse of this data.

In 2004 President Bush set a goal of having all healthcare records stored in electronic format within ten years, in systems that are interoperable. The recently enacted economic stimulus package includes substantial incentives intended to encourage the adoption of EMR and related technology. For physicians, this means that we each have the potential to receive up to $44,000 for meaningful use of qualified EMR. The timetable put forth as part of this legislation shows that the incentive payments will be made over a period of

Continued Next Page

five years. At that time, physicians who have not met the goal of implementing EMR will be penalized by a reduction in Medicare payments. For a physician with total collections of $400,000 per year, with half of that income from Medicare, the penalty would be about $6,000 per year. The cynics in our profession have pointed out that the stimulus payments will only cover a small fraction of the total cost of EMR implementation. They argue that even with the Medicare payment reduction, there is no economic benefit to EMR. I think we each have to evaluate the merits of EMR from the perspective of both business processes and quality of care.

About 8 years ago, our medical practice hired a software developer to implement our vision of an EMR system to solve a variety of major operational problems. We chose a document management solution that has worked well for us and allowed us to recoup our costs over a period of 2-3 years just on the basis of staff reduction. The improvement in efficiency for both staff and physicians has been enormous. However, from the perspective of interoperability and meaningful use, our practice is still not where we need to be.

To understand the value of interoperability, consider the utility of a stand-alone computer compared to a computer connected to the internet. At this point, having an EMR system limited to a single practice is like having a stand-alone computer. The next step is to connect multiple EMR systems to create a larger network to facilitate exchange of information. The big question is, how do we make this happen?

Earlier this year, we conducted an online survey to get an idea of how many practices in our community were using EMR and which systems were in use. We identified systems from 16 different EMR vendors. We estimated that about 22% of the physicians in our community were using EMR, significantly above the national average of 17%.

LMHS is implementing Epic EMR for inpatient care in all its hospitals. The system will also be used by all the LPG physicians and will be offered to other physicians in the community. Right now, most of us use NetAccess to obtain medical records for our patients at LMH, HP, and CCH. This looks pretty straightforward on the surface, but is a very complex, labor intensive interface between multiple databases in the hospital system. The ten years of patient data have been transferred to Epic, and NetAccess will ultimately be phased out. Epic will allow access to all this data through a single database system that will be simpler to manage. Even with this centralization of a large amount of patient data, there are still a lot of loose ends that need to be connected. These include outpatient radiology providers, commercial clinical laboratories, and office notes and other data generated in physician offices. We are all working to develop a solution on behalf of all the physicians in our community.

Florida Medical Association An

FMA Annual Meeting

Steven R. West, MD, FMA Immediate Past President

I completed my term as FMA President during the FMA Annual Meeting held in Boca Raton. The year flew by. It has truly been a great year. I am here to tell you that being FMA President is great work if you can get it. In fact, I recommend it.

There are a lot of terrific opportunities that come with being the President of the FMA. However, the best part for me has been the opportunity to travel throughout Florida and see places and people that I might otherwise not have seen or met.

Meeting many of the people that make up our House of Medicine, or as I think of them, our Family of Medicine, has made this past year an incredible experience. It is a year that will be among the most memorable of my life.

I want to take this opportunity to thank you the members of the Lee County Medical Society who have provided me friendship and support over the years. I especially want to thank our Executive Director Ann Wilke for her support and advice over the years. The very capable staff of the Lee County Medical Society Cynthia and Marian deserve a special thank you.

This year's annual meeting was shortened by one day. The House of Delegates was able to debate the issues such as health care reform and HR 3200 most efficiently. The delegates' handbook with the resolutions was provided on a CD disc rather than a paper format. I think the use of computers and the electronic handbook was a success saving money, the environment and the delegates' backs and shoulders.

I had the privilege of swearing in James Dolan MD as the 133rd FMA President. Jim, an orthopedic surgeon from Key Largo, is very knowledgeable about the issues and challenges that our members face. I am confident that he will be an outstanding FMA President.

It has been a privilege and honor to serve you as FMA President. Thank you for providing me the opportunity.

Thank you Dr. West for your successful year as President of the FMA.

First time delegate Dr. Douglas Henricks and Delegate Chair Dr. Dean Traiger after the Lower West Coast Caucus Meeting.

We would like to thank Dr. Traiger who served as the Chair for the Lee County Delegation.

First Time Delegate

Andrew Oakes-Lottridge, MD, Delegate to FMA Annual Meeting

Thanks for the honor of acting as one of your 12 delegates at the FMA meeting in July. It was a very interesting and eye-opening introduction to medical politics at the ground level, and I look forward to next year. It appeared that the most heated discussions where about healthcare reform and the AMA's support of it. Most of the debate seems to center around the public option and its possible evolution into a single payer system. Especially, I learned that as physicians we need to be better educated and more vocal on the subject. We really need to be ready to educate our patients.

The public option would be a government health plan that would provide coverage for the millions of currently uninsured Americans. This would likely be an expansion of, or modeled on, Medicare and Medicaid. The possibility of this government plan out-competing the private insurance plans could lead to a single payer system where the government is the only insurer left. The creation of a dominant government insurance plan appears to be the greatest fear among some of our colleagues at the FMA meeting.

Such a dominant public plan would ideally provide coverage for the currently uninsured. With its leverage it could also force hospitals, insurance companies, and physicians to reduce fees in order to reduce overall healthcare expenditures. Physicians and hospitals could become virtual government employees. With such dominant government interference in healthcare, there could be a loss of innovation that has given us the most advanced medical system in the world where many patients have access to the latest chemotherapy or most modern robotic and micro-surgical procedures.

Unfortunately, there are millions of Americans that have no access to the most advanced medicine, or even to the most basic preventive care. While we should be concerned about the public insurance option on the horizon, it may be the only solution that would reduce healthcare costs today, and reduce the growth of healthcare costs in the future by beginning with basic preventive medicine for all Americans. Some will have to pay more for access to the best care. Others may find they have a limited number of providers from which to choose. We may have to justify our clinical decisions to government bean counters. The question each of us should ask ourselves is "are limitations in choice of physician or access to cutting-edge medicine worth the universal access to basic healthcare for all?" As a citizen, I would say yes even while as a physician, I have my doubts.

So whatever you feel about healthcare reform, let's keep the debate alive, and stay engaged with our legislators, our patients, and each other.

Drs. Janette Gaw, Mary Mouracade, and Shari Skinner (not pictured) also served as first time delegates to the FMA Annual Meeting.

ıual Meeting—July 23 - 26, 2009

Meeting Addresses AMA Support of HR 3200

Douglas Stevens, MD, Delegate to the FMA Annual Meeting

Drs. Douglas Stevens and Joel Van Sickler

The 2009 Florida Medical Association Meeting would have made all LCMS members proud. The FMA has an excellent leadership team and was led by our own Dr. Steven West during the past year. The FMA has evolved into an efficient organization that is actually able to fulfill its mission statement: "Helping Florida Physicians Practice Medicine". We all know that reaching that goal is by no means an easy task but through the efforts of the FMA's excellent political action committee (former past president our own Dr. James Rubenstein) there are now legislators in office who understand the important work of physicians and who are willing to go the extra mile to aid us in our quest to provide excellent medical care to the people of Florida. There have been tangible and major wins this year - I'll let others remind you of what those were in case you forgot. Please don't forget to support the FMA PAC and the MD1000 Club.

The FMA understands the shock and dismay that physicians felt when the AMA announced its support of HR 3200. The response was very strong at our meeting, which, by the way, was attended by incoming AMA president (and former FMA president) Dr. Cecil Wilson. In addition to letting the AMA know the concerns of FMA members, the FMA has raised its own voice on our behalf in Washington. I would be remiss if I did not pass on Dr. Wilson's explanation of the AMA actions which was that in order to maintain their position at the table as the final bill was worked out the price of admission was endorsement of HR 3200. It was Dr. Wilson's contention that the AMA could withdraw its support as the process progressed if its input was ignored. As your FMA delegate and former past president of LCMS, I will share my opinion that the AMA allowed itself to be used by a tough, Chicago politician. The sound bite that the people heard read "Doctors approve of ObamaCare". Walking away later in the game would be painted in by this media savvy administration as the AMA being unrealistic and childlike, walking away from what they had previously endorsed because they didn't get everything they wanted. I would expect the fawning media to unquestionably accept the administrations view.

We all saw how our current President views physicians: as money grabbing whores who would put their patient's best interest secondary to their own reimbursement (see the text of Obama's recent prime time healthcare speech in the segment regarding tonsillectomy). Clearly, we need the FMA! Hopefully the AMA will prove their value in this fight - the survival of the AMA, in my opinion, depends upon it.

Healthcare reform is nothing less than a fight for our lives as free men and women and for the future of quality healthcare for all Americans. Should the public option prevail in its current form we will all be nothing more than indentured servants. The AMA is the big "voice" of medicine. In the midst of battle is not the time for us to leave the AMA or fragment into smaller (and more readily ignored) groups. I am maintaining my membership in the AMA despite my reservations regarding their recent actions and I hope you will as well.

Thank you for your support.

We would like to thank the Lee County Delegation to the FMA Annual Meeting!

The Lee County Delegation to the Annual Meeting.

Back L to R: Drs. Joel Van Sickler, Douglas Stevens, Stuart Bobman, Steven R. West, James Rubenstein, Richard Macchiaroli, Douglas Henricks, Dean Traiger.

Front L to R: Drs. Mary Magno Mouracade, Valerie Dyke, Janette Gaw, Shari Skinner and Andrew Oakes-Lottridge.

AMA Celebrates Nomination of Regina Benjamin MD Surgeon General

Statement attributable to: J. James Rohack, M.D. , President, American Medical Association

"The American Medical Association is delighted that Regina Benjamin, M.D., has been nominated to serve as our nation's next U.S. Surgeon General. Her many impressive accomplishments, including receiving a 2008 MacArthur Fellowship, commonly known as the "genius grant," leave no doubt as to her qualifications.

"Dr. Benjamin's most important qualification for surgeon general is her deep commitment to her patients. We are particularly gratified to see her recognized for her work caring for patients in rural Alabama, and for her commitment to rebuilding her rural health clinic in the wake of Hurricane Katrina. She is a true professional who puts her patients first.

"The AMA is immensely proud of Dr. Benjamin's accomplishments, and we are extremely fortunate that she has just served a term as chair of the AMA's Council on Ethical and Judicial Affairs. She served as a member of the AMA's Board of Trustees with the dual distinctions of being the AMA's first young physician trustee, as well as the first African-American woman board member.

"We look forward to seeing Dr. Benjamin serve as an advocate for all the nation's patients, as our country works toward health reform that provides high quality, affordable health coverage for all."

AMA House of Delegates Meeting Notes

Medical Ethics

From the AMA Annual Meeting, June 13-17, 2009 in Chicago, IL.

Issue: Breaches of electronic medical records security can compromise privacy and harm patients physically and emotionally. When such breaches occur, what responsibilities do physicians have toward their patients?

☐**PROPOSED ACTION:** An ethical policy recommending that physicians promptly inform patients of any breach and the potential for harm, describe how the breach happened and what steps patients can take to minimize any adverse results. (adopted)

Issue: Physician assistants and nurse practitioners are increasingly taking on ownership roles in practices such as retail health clinics. This gives rise to the ethically problematic situation where a doctor is hired to supervise work of a midlevel practitioner who also owns the practice and is the physician's employer.

☐**PROPOSED ACTION:** An ethical policy that acknowledges the conflicts inherent in such an arrangement. The opinion says physicians have a duty to always exercise their independent professional judgment in patients' best interest, even if it put them at odds with their employers. (adopted)

Issue: Some hospital patients with racial or other prejudices are hostile to the physicians assigned to care for them or refuse their treatment, but hospitals do not have uniform guidelines to address these situations.

☐**PROPOSED ACTION:** Direct the AMA to work with other organizations to encourage hospitals and health systems to adopt policies allowing patients to change doctors and have mechanisms to address abusive patient behavior and ensure continuity of care for a patient who declines care from the attending physician. (adopted)

Issue: So-called chimeric embryos—created when human genetic material is introduced into a nonhuman embryo or transferred into an enucleated nonhuman egg, creating a hybrid - are being explored as an alternative to stem cell research techniques that destroy human embryos.

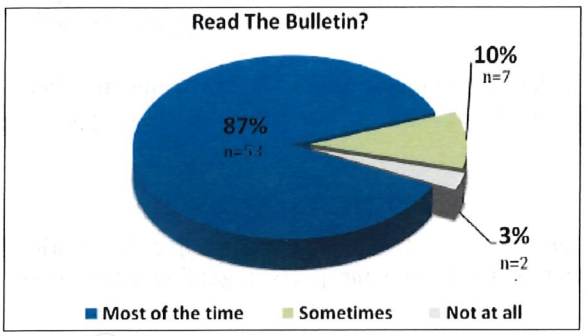
☐**PROPOSED ACTION:** The Council on Ethical and Judicial Affairs said there is a lack of policy or scientific and ethical consensus on chimeras, and the issue affects few physicians. The council proposed examining the issue as part of its review of opinions relating to medical genetics in the AMA Code of Medical Ethics. (adopted)

Membership Survey Results, Spring 2009

Public Relations Committee: Craig R. Sweet, MD & Barry Blitz, MD

The Lee County Medical Society sent out membership surveys to all our members in April. We would like to thank all those who completed and sent in the survey. Below are a few of the responses of questions regarding the *Bulletin*. We will be posting more results in our next few issues of the *Bulletin* and the completed survey results will be posted on the Medical Society website.

How often do you read the LCMS Bulletin?



Comments:
It was wonderful to know that 97% of those polled read the **Bulletin** most of the time or slightly less frequently. A tremendous amount of effort goes into putting the **Bulletin** together. Even so, if have a new idea regarding content or format, please let us know.

How to improve the Bulletin?

Results & Comments:
Many thought the **Bulletin** was excellent as it was. One idea that did surface was highlighting physicians on a regular basis. New physicians and the "old guard" were suggested. This gets tricky for every physician we would highlight; there would be others who would feel forgotten. As a result, we must stay more neutral to keep the peace. Below are a few of the other comments:

How to improve the Bulletin?	LCMS Response:
Practice & startup aids	The LCMS is already doing this upon request. In addition, they are a tremendous source of information and referral to other sources such as the FMA and the AMA.
Practice management	There are periodic writings regarding practice management although it is probably a good idea to expand this as space and time permits.
Articles on EMR	This may be truly necessary as we move forward over the next couple of years. Our upcoming meeting is a good start but continued writings in the **Bulletin** are a great idea. See Dr. Penuel's article on page 6.
Nothing to improve, especially Dr. Hobb's last editorial!	Thank you, Larry, for this glowing remark! (Just kidding, it wasn't really Larry who wrote this comment!)
Discuss items that improve and relate to local physician issues.	An excellent idea. Sometimes we focus too much on state and national issues and forget about the local topics that mean so much to the members. Thanks for the reminder!

Would you want the LCMS Bulletin in PDF format rather than in print?

Results:
- Yes: 33% (n=19 and 17 of these provided their e-mail addresses)
- No: 67% (n=38)

Comments:
It would appear that most people still want a hardcopy to read. For now, there is certainly no motivation to discontinue the printed form, however, we will now offer the PDF version in addition to the normal copy. If ever you lose one that you want to refer to, you may now go visit the Web site (www.lcmsfl.org/Newsletter.htm) for an archived version (started this year) and review at your leisure. If you want the PDF version delivered by email, please contact LCMS Office at 936-1645.

The Committee on Public Relations Is Working for You

The Public Relations Committee (PRC) is hard at work for the members of the LCMS and the community. Our goal has been to increase the exposure and standing of the LCMS physicians while educating the public. To accomplish these goals, we secured Priority Marketing (http://www.prioritymarketing.com/home.php) to assist with our new promotional and public relation endeavors.

Membership Survey:

We created, sent out and collated the Membership Survey (results to be published over the upcoming months). These results will be used as a template to create a county medical society that better serves its members.

New Members Release:

Each month, the New Member News Releases are sent out to the various media outlets listing the names of our new members. Many of these releases have resulted in publication of the physician's names, practices and specialties. We hope that these types of promotions will help our new members in these difficult economic times.

Physician Volunteerism:

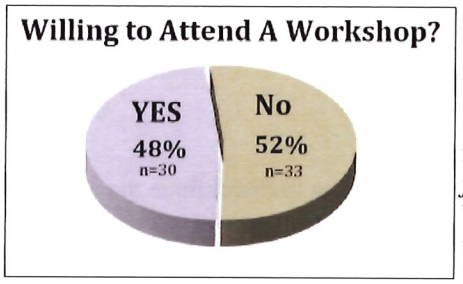
We sent out a news release on the McCourt Scholarship fund, which provides funds for kids with diabetes for camp at the Florida Camp for Children and Youth with Diabetes. If you have any stories about yourself or your peers regarding community volunteerism, please let us know.

Medical Awareness:

In order to increase the awareness of numerous health issues, each month we identify approximately four Awareness Days/Weeks or Month topics that we think will be important to our patients. Member physicians are contacted asking them to work with the media to increase the public's awareness of these medical issues. A media advisory is then sent to print and television medial. Below is a summary of the observances we have chosen and the names of the physicians who participated in the process thus far and we certainly thank them for their participation.

Month	Topic	Physicians Who Agreed to Speak to the Media
June	June 7: National Cancer Survivors Day	James Rubenstein, MD & Lowell Hart, MD
	June 7-13: National Headache Awareness Week	
	June 15-21: National Men's Heath Week	Barry Blitz, MD
July	Juvenile Arthritis Awareness Month	Edward Humbert, DO
	July 3: Stay Out of the Sun Day	Brian Harris, MD, Keith Harris, MD & Stephen Prendiville, MD
	July 20-24: National Youth Sports Week	Edward Humbert, DO & Eleanor Blitzer, MD
August	Cataract Awareness Month	Trevor Elmquist, DO, Mark Gorovoy, MD & John Snead, MD
	National Immunization Awareness Month	Guillermo Narvarte, MD & Eleanor Blitzer, MD
	Psoriasis Awareness Month	Guillermo Narvarte, MD

This type of promotional activity would be difficult and expensive for many of our members to prepare individually, so when called upon, we ask that the medical society members step up and educate our community on events that are meaningful to all. We hope that this type of public relations will benefit the community and the physicians involved.



From April survey results: "Would you be interested and available to attend a media workshop organized by the LCMS to sharpen your writing, interviewing and media relation skills?"

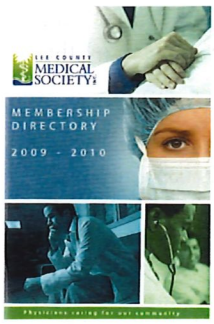
Media Training Workshop:

About half of the physicians who filled out the Spring survey said that they would attend a media-training workshop, so we went ahead and starting putting one together. If you feel at all intimidated by media interviews, you may want to join us on Saturday, September 12 from 8 a.m. to 12 noon for our exciting Media Training Workshop. *Please see the enclosed flyer.* You may also access the flyer by visiting the LCMS home page (www.lcmsfl.org). We will be covering how to prepare for a media interview, basic interview skills, pitfalls to watch out for, the importance of your Web site (or why you should have one) and other "social" media opportunities. We've secured some great speakers so we hope that you will attend.

Continued on next page

Updated Web Site:
The new Web site is up and running. If you haven't already visited, please do so (http://www.lcmsfl.org). Patients in the community are now able to find our physician members more easily than ever! If you have your own Web site, please consider linking to us and we will be sure to link to yours! An excellent job with credit going to Ann, Cynthia and Marian.

Bulletin in PDF Format:
The **Bulletin**, one of the most popular facets of the LCMS, is now available in pdf format for those physicians who would like to receive it. If you are interested in having this sent you on a regular basis, please let us know which e-mail address we should send it to. **Bulletins** will also be archived on the LCMS Web site.



Pictorial Directory:
We sent out a news release offering the public the free LCMS Pictorial Directory. The 2009-2010 membership directory contains information for all active members of the LCMS and is a wonderful resource for patients seeking a physician.

There is much more on the way! We hope that members will continue to support these activities that we sincerely hope will benefit our patients and the physicians involved.

If you have other ideas, please let us know!

Craig R. Sweet MD, (Chair of PRC & President-Elect), DrSweet@DreamABaby.com
Barry Blitz MD, (Member, PRC & Board of Governors) bfblitz@gmail.com

McCourt Scholarship Fund Sends Five Children to Camp

We would like to thank our members who contributed to the McCourt Scholarship Fund in 2009. We were able to send five children from Lee County to diabetes camp with full scholarships, $2,600 was sent to the **Florida Camp for Children and Youth with Diabetes (fccyd.com)**.

Thank you for my full scholarship to camp. I am very greatful and excited to go!

Sincerely,
Joey Idler

Dear Lee County Medical Society:

Max's family wants to thank the Medical Society so very much for awarding him this scholarship. Without it he would not be able to go. This is his first time attending camp. He's looking forward to it. We have had a huge amount of financial hardships this year. And this is a blessing, one bright spot to light our way.

Once again, thank you and may you be able to continue doing this for others.

Sincerely,
Max and Family

Dear Lee County Medical Society,

Thank you for the scholarship for allowing me to attend diabetes camp. It was very enjoyable and a great experience that I could learn from. The counselors were great, we had a lot of fun and I learned a lot. It was also nice to spend time with other kids like me and I didn't stand out in the crowd. I learned some new dance moves and got to express myself freely. I also learned how to nickname people. If possible I would love to attend camp next year. Thank you very much for the scholarship.

Sincerely,
Eric Wilke

News from the Board of Medicine

2009 Legislative Session Highlights

Crystal A. Sanford, CPM, Program Operations Administrator, Florida Board of Medicine

Below is a summary of bills signed by the Governor following the 2009 Legislative Session that may affect your Florida license. Be sure to go to http://www.leg.state.fl.us/statutes/index.cfm and read more details concerning these new laws.

- **SB 462** - This bill requires the Department of Health, when funds are available, to develop a comprehensive electronic database system for the purpose of controlled substance prescription drug monitoring. This bill also requires registration of certain clinics that perform pain management. The Board plans to conduct rule workshops in the near future. Be sure to go to the Board of Medicine's web page at: www.FLHealthSource.com to stay abreast of the law and future workshops. This bill was signed by the Governor on June 18, 2009.

- **SB 720** - This bill requires the Board of Medicine to review entities previously approved by the Board to grant board certification in Dermatology every three years. This bill also lifts the requirement for physicians to co-sign charts written and prepared by physician assistants. In addition, this bill lifts certain limitations on ARNP's and PA's solely performing hair removal with lasers. The Council on Physician Assistants will be meeting in August to repeal rules relating to co-signature of medical records. This bill was signed by the Governor on June 16, 2009.

- **HB 387** - This bill provides for an increase in the number of medical faculty certificates permitted at institutions. This bill was signed by the Governor on June 1, 2009.

- **SB 1986** - This bill primarily deals with reducing Medicaid fraud. It also requires the Board to deny licensure or to revoke licensure of an individual, with certain felony health care fraud convictions. The bill also outlines four new disciplinary violations and requires the Department of Health to work with the Agency for Health Care Administration to prosecute physicians who have not remitted amounts owed to the state for overpayments. This bill also exempts sleep related testing facilities from the patient self referral act. This bill was signed by the Governor on June 24, 2009.

- **SB 2188** – This bill concerns Administrative Procedures. New procedures include a requirement that Boards with electronic agendas place copies of the public agenda materials on their web site at least 7 days prior to the meeting. It also requires the Boards to place a copy of their meeting notices on the web site. This bill was signed by the Governor on June 16, 2009.

As you can see, there are significant changes this year. Also, please understand there are other laws enacted that are not highlighted in this letter. It is important that you take a few minutes to go to the web site listed above and read these new laws as well as any others that might pertain to your specific practice type to ensure you are practicing in compliance and that your patient's continue to receive quality health care.

Where do you find the laws and rules?
Florida Statutes (laws): www.leg.state.fl.us/statutes/index.cfm
Florida Administrative Code (Rules): www.leg.state.fl.us/statutes/index.cfm

You can subscribe and unsubscribe for a no-cost, automatic e-mail of every new item put on the Board website by going to this web site: http://flems.doh.state.fl.us/mailman/listinfo/boardofmedicine

Information About the Controlled Substance Database Bill

From FMA Website

SB 462, the controlled substance database bill, also contains provisions relating to the dispensing of controlled substances. The text of the new law follows. If you have any questions, please contact the FMA General Counsel's office at 850-224-6496.

A pharmacist, pharmacy, or dispensing health care practitioner or his or her agent, before releasing a controlled substance to any person not known to such dispenser, shall require the person purchasing, receiving, or otherwise acquiring the controlled substance to present valid photographic identification or to gather verification of his or her identity to the dispenser. If the person does not have proper identification, the dispenser may verify the validity of the prescription and the identity of the patient with the prescriber or his or her authorized agent. Verification of health plan eligibility through a real-time inquiry or adjudication system will be considered to be proper identification. This subsection does not apply in an institutional setting or to a long-term care facility, including, but not limited to, an assisted living facility or a hospital to which patients are admitted. As used in this subsection, the term "proper identifiction" means an identification that is issued by a state or the Federal Government containing the person's photograph printed name, and signature or a document considered acceptable under 8 C.F. R. 274a.2 (b) (1) (v) (A) and (B).

CMEs AVAILABLE

The Lee County Medical Society will not be offering the mandatory CMEs this year. But Lee Memorial will be offering two courses in November and December. Also SWFL Osteopathic Medical Society will be offering 23 credit hours this year.

"34TH ANNUAL SEMINARS IN FAMILY PRACTICE"
Presented by SWFL Osteopathic Medical Society
23 Credit Hours

OCTOBER 15 - 18, 2009
Sundial Beach Resort, Sanibel Island
See Insert for RSVP

"INFECTIOUS DISEASE UPDATE"
John Bartlett, MD, Johns Hopkins Univ
Sandy Estrada, PharmD
Douglas Brust, MD
Robert Rapp, PharmD

SATURDAY, OCTOBER 24, 2009
The Hilton Garden Inn
12600 University Drive, Fort Myers
7:45 a.m. - 12:15 p.m.
RSVP by October 22nd – 573-5680

"MANDATORY CME FOR RELICENSURE"

2 hours Prevention of Medical Errors
Jerry Williamson, MD

&

2 hours Domestic Violence
Colleen Henderson, ACT

SATURDAY, NOVEMBER 14, 2009
Cape Coral Hospital Auxiliary Meeting Room
7:45 a.m. - 12:15 p.m.
RSVP Breakfast by November 12th – 573-5680

or

SATURDAY, DECEMBER 5, 2009
Lee Memorial Hospital Auditorium
7:45 a.m. - 12:15 p.m.
RSVP breakfast by December 3rd – 573-5680

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

CHANGE SERVICE REQUESTED

Together We Are Stronger