

2011 Meetings and Events

No Meeting in February

LCMS General Meetings

Meeting Dates are:

Thursday, March 17, 2011
 Thursday, May 19, 2011
 Thursday, September 15, 2011
 Thursday, November 17, 2011
 Monday, December 5, 2011

Locations & Programs TBA

The Medical Society is looking for speakers for our General Membership Meeting. If you have anything to recommend, please contact Dr. Richard Macchiaroli through the Medical Society office at 936-1645 or email awilke@lcmsfl.org.

Inserts

- HMA Application
- 2011 Officers and Committees
- 2011 Legislative Agenda
- As I Recall.. Corrected Article

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President's Message

Who Will Care For the Boomers?

Shahid Sultan, MD



The term baby boomers was coined by Sylvia Porter, a columnist for the New York Post, in May of 1951. She wrote: "Take the 3,548,000 babies born in 1950. Bundle them in to a batch; bounce them all over the bountiful land that is America. What do you get? Boom. The biggest, boomiest boomy boom ever known in history".

There are an estimated 77.3 million Americans born during this boom in births from 1946 to 1964. This generation is now either late middle age or entering their senior years. The individuals born early in the boom are beginning to retire and leave the work force.

After the Second World War, millions of veterans returned home, went back to school pursuing higher education under GI Bill. Got well paying jobs, got married, started families and bought homes. This group whose formative years were shaped by the great Depression were now thriving. Life was simple; jobs were plentiful and well-paying. This triggered a consumption boom that propelled the nation's GDP by more than \$300 billion during 1940-1960. As a group they were healthier, wealthier and believed that the world would improve with them. A higher rate of participation in higher education and workforce than the previous generation resulted in an assumption of lifelong prosperity and entitlements like Social Security and health care. Unfortunately, a steady decline in the birthrate decreased the numbers of working adults contributing to Social Security and, Medicare and with the economic downturn, there is no longer a guarantee of these entitlements.

The health system reforms signed into law in March will cover an estimated 32 million additional individuals by 2019. This will exacerbate the problem of the primary care physician shortage. According to the new Assn.

of American Medical Colleges (AAMC) workforce projections, nationwide physician shortage is expected to balloon to 62,900 doctors in five years and 91,500 by 2020. This is up more than 50% from previous estimates.

The Dept. of Health and Human Services estimates that the physician supply will increase by just 7% in the next decade. During the same period one third of the practicing physicians are expected to retire and the number of older Americans is projected to grow by 36%, according to AAMC Center for Workforce Studies. In other words, a Tsunami is about to hit the American healthcare system while we are in no way or shape prepared to face it.

To face this challenge a few new medical schools have been opened and in some schools class sizes have been increased, but due to a lack of funding there is no parallel increase in the residency slots. It is critical to increase the number of residency training programs. The shortest residency programs are three years, therefore it will take some time to create a bump in the physician supply. A 15% increase in the residency positions will produce 4,000 physicians annually -- not nearly enough to counter the shortage the system is facing. HHS did announce on Sept. 27 that it will release \$167.3 million in grants to create an additional 889 primary care residency slots by 2015. In addition to training more doctors, we have to find creative ways to use the existing physician workforce more effectively by collaborating with other healthcare providers. Traditionally, physicians have resisted giving more autonomy to mid-level healthcare providers to practice medicine. That old paradigm will have to be modified to plug the gap between the available and needed healthcare providers.

New healthcare legislation has tried to address the problem, though a proposal to increase the residency slots by 15,000 did not make the cut but several other provisions to increase the physician workforce were included.

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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 News

New Phone/Fax Numbers

Jose Colon, M.D.

Tel: 343-6050 Fax: 343-6051

Kevin Campbell, M.D.

Martin Ebenger, M.D.

Cherrie Morris, M.D.

Tel: 343-6100

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Michael Collins, M.D.

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Tel: 936-8686 Fax: 936-2532

Physicians in the News

Local Physician/Violinist Soloed with the Gulf Coast Symphony

Congratulations to Jonathan S. Daitch, MD, a local physician specializing in interventional pain management, performed the Mendelssohn Violin Concerto on Saturday, January 8, 2011 at Bishop Verot High School in Fort Myers, Florida to a full audience.

Correction

Our apologies to Dr. Roger Scott. His January As I Recall. Article had several inaccuracies. A corrected copy of his article is included as an insert in this issue.

New Member Applicant

Cayce Jehaimi, M.D. — Dr. Jehaimi received his MD degree from the Al Fateh University, Tripoli, Libya in 2000. He completed his internship at the Univ of Alberta, Alberta, Canada (2001-2002) residency at Tulane University School of Medicine, New Orleans, LA (2004-2007); and a fellowship at University of Texas Health Science Center, Houston, TX (2007-2010). Dr. Jehaimi is certified by the American Board of Pediatrics. He is a pediatric endocrinologist in group practice with Children's Hospital Pediatric Specialists, 5216 Clayton Court, Fort Myers, FL 33907 - Tel: 274-5660.



2011 Dues Are Past Due as of January 31st

Please contact us if you will need to make payment arrangements. LCMS dues have not increased since 1993.

As I Recall...

Roger D. Scott, M.D.

Nurses Notes III

Yes, another article on nurses because they have given so much of themselves over the years to render aid to physicians in caring for the patients.

I could not help but be captivated upon opening the envelope of a very pretty young **Pamela Sylvester O'Dowd, R.N.** (graduation photograph in uniform and cap) that was staring at me. Upon reading her submitted information, I found her history to be very interesting as we had several things in common. Her mother was born in Holland in 1904 and her family immigrated to Baltimore in about 1907, and Pam was born in the USA in 1931. Her grandfather was a founding member and noted as the first cellist and assistant conductor for the many years of the Baltimore Symphony that formed in 1915.

He became close friends with Dr. George Bennett, a noted orthopedist in Baltimore & nationally, (I used the Bennett retractor many times during my years of surgery, and I had heard Dr. Bennett speak before he died in 1961) and Dr. Bennett was Pam's Godfather at her birth in 1931. She states that "I used to love to be invited with my family to his very stately house and be able to go into his den and look through all his medical books!!! As I was growing up I never wanted to be anything but a nurse and I'm sure those visits reinforced that when I couldn't decide where to go for my training. He [Dr. Bennett operated primarily at Church Home and Hospital] said, 'Why in the hell don't you go to Church Home. They put out the best nurses around, and so I did.'" She graduated in 1952 from a hospital that no longer exists, but she says "I am a CHH alumna and always will be." I was an intern at University Hospital in Baltimore at the time. The chief surgeon at University, Dr. C. Reid Edwards, also operated regularly at Church Home and frequently talked to me about that hospital. My old four offices in Fort Myers have been torn down, thus Pam and I each share the loss of important structures. Pam also asked that I use her full name as Sylvester was her maiden name and "just in case someone from that era and place think they recognize me, and my name jogs their memory. You just never know!!" Amazingly I have had that happen already with now deceased nurse Isabel Woods (*AIR Nurses Notes I*) whose nephew found her name by searching the web in an effort to locate his aunt. (See *Letter To The Editor on page 10 in this edition.*) Pam gave to the Museum her graduation picture, the Church Home Hospital 1952 graduating class photo, and an 8 x 10 photo of a Nursing Arts Class depicting three mock patients (actually nursing students) in hospital beds being attended by five student nurses in uniform and supervised by the nurse instructor. Unfortunately she did not submit a resume on her work life. She has retired to Berlin - no, not Germany - Maryland.

Barbara Rainis, R.N. a graduate of the St. Joseph Hospital School of Nursing in 1963 in her hometown of Chicago where she had undergone a three-year program with some college credits. She worked at St. Joseph's as a head nurse and also night nurse in the newborn nursery and later worked in the newborn/preemie nursery in South Bend Indiana for five years and then worked in cardiac step down in Coldwater, Michigan. In 1975 she worked in "Urology/Respiratory/post-cardiac surgery in Morgantown WVA. Then on to Baltimore where I was a night nurse on Med/Surg/Psych and being charge on the detox unit at Fallston General Hospital. Then nine years work at Sheppard Pratt Psychiatric Hospital (Maryland), floating one year and then night supervisor for the whole hospital. During these years I obtained my BSN from college of Notre Dame and my MS from Towson University" (Maryland) "in Health Administration. For one year I worked charge in general psychiatry after an early

retirement from Sheppard Pratt." (AIR Nurses Notes I told you that Edna Jane Peeples as a Jackson Memorial [Miami, Florida] student nurse had to go to Sheppard Pratt in Baltimore for her psychiatric training. At the University of Maryland Medical School we also had to go to Sheppard Pratt for training as well as other psychiatric institutions.) "In 1997 I worked on the eastern shore (Maryland) in long-term/rehab and then 10 years in Home Health first as a field nurse, then supervisor."

(I think she is finally retired now to Ocean City Maryland.)

Barbara did send a nice history of St. Joseph Hospital 1869-1964. The Sisters of Charity from Maryland established a hospital on the North Side of Chicago in 1869 and in 1893 the St. Joseph School of Nursing opened and the final class graduated in August 1964. The school had graduated 1,447 nurses in 71 years of its existence. I'm not sure that the hospital still exists today. Barbara also provided a picture of the nurses' graduating class of 1963 and several books on nursing.

Eva Lustig, R.N. graduated from St. Luke's Hospital School of Nursing (New York, N.Y.) in 1958 with eighty-one others after three years of training. Many of the graduates went across the street to Columbia University to obtain a bachelor's degree also. She states that "Our training in a big city hospital served us well in life and we wore the cap proudly!" Eva donated to the Museum of Medical History a beautiful Dutch style nursing cap, a keychain with a small plastic coated picture of the cap, a picture of the 1958 graduating class, and a nursing pin with a caduceus and chain with "58" attached. Instead of writing her own personal history, she submitted the informative SPRING 2005 issue of SLUKE'S ALUMNAE BULLETIN and the following information is extracted by me from the BULLETIN. "Young surgeons will probably not believe it, but a surgeon never changed a dressing nor did any surgical bedside procedure, such as starting an I.V. or passing a nasogastric tube without the aid of a nurse. In recent years, student nurses ask if they may come into a patient's room and observe while a dressing is changed. Total shock to one who pushed the dressing cart to the bedside for the attending physician, drew the curtains around the bed, opened the dressing set on the over-the-bed-table, removed sterile gauze pads from the clunky old dressing drum with those long forceps dripping zephiran chloride, folded back the top bedding, lifted the patient's johnny shirt to expose the old dressing, and even tore new adhesive tape strips to hand to the doctor. I must admit I have never understood why doctors capable of doing major surgery to repair or remove organs and limbs needed so much help to change a few pieces of gauze and adhesive." This" (the 1970's) "was a divisive time when a young woman wearing a starched apron and a white Dutch cap might be seen--and see herself--as an anachronism in a society in which her contemporaries were casting off their bras."

On April 4, 1972 the Director of St. Luke's Hospital and the Director of St. Luke's Hospital School of Nursing announced the decision to phase out the school by no longer taking new students, but would continue the program for those already enrolled until it closed. This school that began in 1888 closed its doors in 1974 and followed the same course as the Church Home and Hospital of Baltimore, and the St. Joseph's Hospital of Chicago. A distinct change in the history of nursing.

A distinguished Southern gentleman, colleague, friend, physician, and scholar in the form of Robert (Bob) Arnall has now departed this earth and will be sorely missed by so many of us, but he does leave us with great memories. So long Bob till we meet again.

With a New Legislative Session it is Time to get Involved

F. Rick Palmon, MD, LCMS Legislative Chair

I am the new legislative chair for the Lee County Medical Society. I have been practicing ophthalmology in the area since 1994 and have been a member of the Society since moving here. Medicine is bracing for potential changes in how we deliver care and get reimbursed for our work. We can help shape this process by electing representatives to the Florida legislature and to Congress that are sympathetic to our views. We also will work closely with our representatives during the legislative session to defend physician's rights. You can be an active participant by writing emails, letters, and making phone calls to our representatives.

I have been surprised by the candid responses I have received after sending an email on a specific issue. We will track the important issues for you and let you know when we need your help.

In this issue you will find:

- a list of our local legislators (pages 8, 9);
- a how to guide on contacting our legislators (page 9);
- an article by Dr. James Rubenstein an FMA PAC Board Member (page 12);
- an article by Betty Rubenstein the Lee County Medical Society Alliance Legislative Chair on how you can sign up for FMA PAC, MD1000 Club and the LOOP (Page 13);
- and an insert for you to keep on the complete FMA Legislative Agenda.

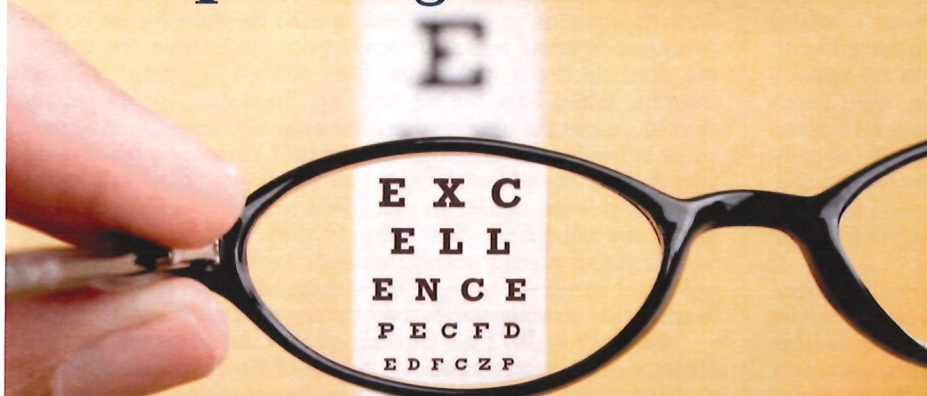
Don't just complain that nothing can be done. Get involved in the political process and make a difference.

"We come unbidden into this life, and if we are lucky we find a purpose beyond starvation, misery, and early death which, lest we forget, is the common lot. I grew up and I found my purpose and it was to become a physician. My intent wasn't to save the world as much as to heal myself. Few doctors will admit this, certainly not the young ones, but subconsciously, in entering the profession, we must believe that ministering to others will heal our woundedness. And it can. But it can also deepen the wound."

Abraham Verghese, Medical Prof. at Stanford who wrote Cutting for Stone, a NY Times bestseller

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E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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Fort Myers Office | 12670 New Brittany Blvd., Suite 102 | Fort Myers | MONDAY THRU FRIDAY 8 A.M. TO 5 P.M.

Presidents Message

Continued from cover page

According to the House Energy and Commerce Committee, Senate Democratic Policy Committee the new law:

1. Effective 2011 through 2015, certain services provided by primary care physicians and general surgeons will get a 10% Medicare pay boost.
2. In 2013 and 2014 Medicaid Primary Care payments will increase to match the Medicare payments.
3. It provides \$1.5 Billion in Mandatory spending for the National Health Service Corps to get more primary care practitioners to health shortage areas.
4. Unused Medicare funded residency slots will be redistributed to programs that agree to train more primary care physicians and general surgeons. Also promotes training in outpatient settings where most primary care is delivered.
5. Invests in loan repayment programs in fields such as primary care and mental health.
6. Establishes grant programs for primary care training, especially programs that prioritize training in patient-centered medical homes.
7. Establishes a national work force commission to coordinate and implement workforce planning and analysis.
8. Authorizes a new competitive state healthcare work force development grant program.

These are steps in the right direction but to meet the anticipated demand for the primary care physicians major changes in the education and reimbursement for primary care physicians will be required. Any effort to address this issue must place physician workforce issues front and center in order to reach the ultimate goal of providing excellent, affordable and accessible health care for all citizens.

Dr. & Mrs. Sultan Host Board of Governors Meeting at Their Home

The new Lee County Medical Society Board of Governors held their first meeting on Friday, January 17, 2010 and discussed how to provide a better service to our members and how to improve the Medical Society to make it a real benefit to you.



Please contact the Medical Society office at 239-936-1645 and let us know how to improve the benefits for members.

Florida Gulf Coast University and the Medical Society

The medical shadowing program at FGCU in collaboration with the Lee County Medical Society was introduced to the students in the fall semester of 2010. During the fall semester we had 3 students complete shadowing experiences. Eleven new students were in the process of completing their pre-shadowing requirements in the fall and will be ready this spring. The numbers continue to grow daily as more students learn about the program. In addition we had 5 students conduct research projects in the medical community in 2010. Although not highlighted, Dr. James O'Mailia spoke at our Seminar in Medicine I class in the fall. His talk was well received and one of the students in the class shadowed with him in the fall. As the number of students continue to grow there will be a continued need for this collaborative arrangement between FGCU and LCMS.

Dr. Sweet:

Regarding the physician lectures: As of right now, I have not called upon any of the physicians listed in the database for speaking engagements. Per Dr. Renks email, I am sure that need will continue to grow, and I will find the best forum for LCMS Physician speakers. Thank you for being instrumental in the formation of this collaboration. We look forward to continuing with your support and the support of the next LCMS President.

Liz Loreda

Medicine's Big Night

January Medical Society Meeting, Annual Medical Service Awards, Installation of Officers & Museum of Medical History Dedication

The Lee County Medical Society and Museum of Medical History held a special event on Friday, January 21, 2011 at Edison State College. Dr. Jacob Goldberger and Dr. Roger Scott dedicated The Museum of Medical History at Edison State College in Memoriam of Dr. David M. Bernstein. The Museum will be housed at the School of Nursing Building. We would like to thank Edison and Mr. Jeff Elsberry for sponsoring our cocktail hour.



Mrs. Tami Traiger and Mrs. Bridget Boggs from the LCMS Alliance present a \$1,000 check to the Museum of Medical History



The Co-founders of the Museum of Medical History - Dr. Roger Scott and Dr. Jacob Goldberger.



Dr. Sweet presents to Dr. Jeff Elsberry - ESC Program Director - a framed photo of Dr. Roger Scott as the first curator of the Museum of Medical History

After the dedication of the Museum the Lee County Medical Society held the first ever Annual Medical Service Awards. The Lee County Medical Society honored four of our members for their outstanding contributions to medicine. We would like to thank NBC-2 Anchorman Craig Wolf for coming out to present the awards.



Dr. Robert D. Pascotto received the Award for Citizenship & Community Service



NBC-2 Anchor - Mr. Craig Wolf & Dr. Craig Sweet presenting the Awards



Dr. Mark Gorovoy, M.D. Received the Scientific Achievement Award



Dr. William Liu received the Leadership in Medical Ethics & Professionalism Award



Dr. Shahid Sultan and Dr. Craig Sweet with the Annual Medical Service Awards recipients



Dr. Roger Scott received the Lifetime Achievement Award

We would like to thank Florida Medical Association President, Dr. Madelyn Butler. Dr. Butler spoke to the membership about the strides of the FMA during the last election and what the FMA will try to accomplish in the coming year. Dr. Butler then installed the 2011 Lee County Medical Society Board of Governors. President, Dr. Shahid Sultan, President-Elect, Dr. Richard Macchiaroli, Secretary, Dr. Valerie Dyke, Treasurer, Dr. Audrey Farahmand, Past President, Craig Sweet & Members-at-Large, Drs. Rachid Aouchiche, Barry Blitz, Jon Burdzy, Carlos Chavez, Douglas Henricks, Mary Mouracade, Andrew Oakes-Lottridge, Kultar Singh & Shari Skinner.



Dr. Larry Hobbs with FMA President, Dr. Madelyn Butler and Mr. Bill Butler



Dr. Madelyn Butler installs the Lee County Medical Society Board of Governors



Newly installed President, Dr. Shahid Sultan presents Dr. Craig Sweet with a plaque for his hard work as 2010 President

Other attendees:



Dr. & Mrs. James Borden



Dr. & Mrs. Randolph Knific



Dr. & Mrs. James Gaar with Ms. Lou Griffin (Cleaned and sterilized medical instruments for surgeries for many years at Lee Memorial)



Dr. & Mrs. Daniel de la Torre



Mrs. Lynn Gorovoy, Drs. Harmindar Gill & Saurabh Patel



Drs. Jitka Vasek and Jerry Kantor



Dr. & Mrs. Kultar Singh



Dr. & Mrs. Joseph Ghitis



Drs. Meir Daller and Rie Aihara

Your 2011 Lee County Legislators & Representatives

Florida Legislative session begins Tuesday, March 8, 2011 until Friday, May 6, 2011

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Legislative Assistant: Michael Nacheff		

Tallahassee addresses may change, please visit the official Internet site of the Florida Legislature at www.leg.state.fl.us.

HOW TO WRITE YOUR LEGISLATOR

1. Know your legislators' district(s) and the correct spelling of their names. Refer to district maps and directories.
2. Use the following format for addresses:

SENATORS:

The Honorable John Doe
The Florida State Senate
The Capitol, Suite - - -
Tallahassee, FL 32399

REPRESENTATIVES:

The Honorable John Doe
Florida House of Representatives
The Capitol, Suite - - -
Tallahassee, FL 32399

3. Write on personal stationary, LCMS letterhead, or on plain paper. A personal letter is best! Your return address should be on the letter, not just the envelope. This will enable your legislator to reply.
4. Do not use postcards or form letters except when advised to do so by the FMA legislative Affairs Office or the CMS Legislative Committee
5. A good rule to follow is one subject per letter. Try to keep your letter to one page no matter how important the issue. This gives your letter more impact and makes a reply easier. It also takes up less of the staff's and legislator's time
6. Make clear the position of the issue you are on, and ask the legislator to support your position.
7. Refer to exact bill numbers if available and short or popular titles.
8. Don't threaten or write in a belligerent tone.
9. Don't remind them of broken promises
10. Don't write so often that your letters lose their impact.
11. Illustrate your position with a local example.
12. Sign your name legibly and type your name under your signature.
13. Time your letters to arrive far enough in advance to be effective.

Letters To The Editor

December 13, 2010

Dear Ms. Wilke:

It is my hope you can help me solve a mystery involving my aunt, Isabel Walloga Wood whose first husband was my father's brother.

I had been corresponding with my aunt via phone calls and cards for many years after she moved to Florida and during her brief stay in Louisiana. Last year, my Christmas card was returned as "addressee unknown." I knew her health had been failing and that she had entered an assisted living facility but that was all I knew. This holiday season I entered her name in the Google search and was surprised to find a link to the Lee County Medical Society.

After reading the article "Nurse Notes" by Roger D. Scott, M.D. I was saddened to hear of her passing but also happy to find out she had left a legacy to the Museum of Medical History. What Dr. Scott probably is not aware of is that my aunt was a pioneer of sorts. She told me the story that when she entered the nursing program at Niagara University a year after her husband's death, she was the first person to go back to this college as an adult after being a stay at home mom as opposed to entering right after high school. Her only child had just started school so I am sure it was a difficult transition for her.

Would it be possible for you to forward this e-mail to Dr. Scott? I am asking if he can provide me with any details of Isabel's death as I cannot find an obit on the internet.

Your assistance would be greatly appreciated,
Frances E. Lavigueur
Youngstown, NY

December 22, 2010

Dear Dr. Scott,

Thank you for responding to my e-mail. After Isabel's second husband (Ray Wood) passed away in 2004, she stayed in their condo for awhile before moving to Louisiana to be near her son. She never liked it there so after several years moved back to Fort Myers. I suppose that is where her heart was.

It was good to hear that her legacy lives on.

Best wishes for joyous holiday season,
Fran Lavigueur

December 21, 2010

Dear Mr. Lavigueur.

I am sorry to be so long in sending this information to you, but we've been going intensively trying to get the museum open on January 21, 2011. One of my friends told me that an old nurse living in his co-op had a uniform she would donate to the museum. I visited Isabel on July 8, 2002 and she did donate her nursing pin, cape, uniform (one of the early jumpsuit type) and two nurse caps-one assembled and the other was the starched, flat pressed cap unassembled. She also



gave me a passport size photograph of her as a nicely dressed senior citizen. She told me that she was going to move away from Fort Myers soon. Sometime later I wrote on her records "Deceased"-I think my friend had kept touch with her and told me of her death. Isabel's memory lives on with her uniform on a mannequin in the front window of the Museum of Medical History at Edison State College. I am attaching pictures of her with the cape in the Museum window, in the uniform in the previous Museum site, and the senior photograph.



Thank you for the information you sent regarding her going back to school and that will be kept in my records also.

Regards, Roger D. Scott M.D.

Sign up for the Speakers' Bureau

We would like to thank Larry Castillo, M.D. for speaking to the Pine Lakes Country Club Men's Group on January 13, 2011.

The Lee County Medical Society Speakers' Bureau provides Lee County businesses and organizations with speakers on a variety of topics. You can also sign up to speak. Please contact the Medical Society 936-1645.

PACE Center for Girls

Harmindar Gill, M.D.

PACE Center for Girls, Inc. is a non profit 501(c)3 organization that provides non residential care for girls aged 12-18 in Florida. There are 17 centers statewide that target the needs of females identified as dependent, truant, runaway, delinquent, abused or in need of academic skills. PACE (Practical Academic Cultural Education) centers and programs provide academic education, individualized attention, a gender specific life management curriculum, therapeutic support services, parental involvement, student volunteer service projects and transition follow-up services.

In 1985 the PACE concept was developed and implemented by founder Vicki Burke. It is a gender responsive program with an effective method to meet the needs of the adolescent at-risk female. The first program was housed in the basement of a downtown Jacksonville church and served 10 girls. Today, 25 years later, PACE has served over 21,000 Florida girls. The mission is to provide girls and young women an opportunity for a better future through education, counseling, training and advocacy.

Much research supports the reform of children prior to adulthood. More often than not, a juvenile offender's propensity for impulsive (even criminal) behavior will dissipate in adulthood. The difference between a youth offender and an adult offender is apparent: the child's identity can be molded and his/her character is far less likely chiseled in stone. As the American Psychological Association tells us, juveniles have "greater changeability" and strong capacity to reform. A recent New York Times article reported on a study of high school dropouts; about 10 percent of dropouts were incarcerated with a significant cost to society. PACE mitigates this by attempting to offer reform and encouraging education with a directed and productive path to adulthood.

As Floridians, we must contemplate and evaluate how to protect our citizens and avoid innocent victims. The largest risk factor for women going to prison is spending time in juvenile detention. And once these youngsters have a first contact with the courts, they become far more likely to drop out of school or get permanently entangled in the criminal justice system. We also know that once incarcerated, women present with higher rates of mental health issues and are 11 times more likely to die than men while incarcerated! Further, the types of offenses girls commit generally do not pose the same level of threat to public safety as those committed by boys. (*Lawanda Ravoira - National Council on Crime and Delinquency Center for Girls and Young Women*).

It is PACE's philosophy to value all girls and young women, believing each one deserves an opportunity to find her voice, achieve her potential and celebrate a life defined by responsibility, dignity, serenity and grace.

Dr. Harmindar Gill is a Board Certified Radiologist. Dr. Gill is Director of Breast Imaging at Advanced Imaging, 2625 Tamiami Trail, Suite 1, Port Charlotte, FL 33952 - advimaging.org



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Too Much to Lose

James Rubenstein, M.D., Past President & Board Member of Florida Medical Association FMA PAC

Why am I writing another article in the LCMS *Bulletin* about the importance of Florida physicians joining FMA PAC, the MD1000 Club and writing campaign checks to support physician friendly candidates? I have written it all before. I am getting to that point in my medical career when changes down the road are more likely to affect the younger physicians in LCMS than me. My children are not going into the field. People do not seem to like to be asked for money, imagine that, and would rather spend money on things that provide immediate gratification than support the FMA political agenda.

I do it because I hate to lose. If physicians are not politically active we will lose the chance to shape the future of health care. We are close to pulling some real progress forward out of the jaws of what I feel was a defeat. The recent passage of the Patient Protection and Affordable Care Act (PPACA), or more informally "Obama Care", has raised the public's interest in the large healthcare issues of the day. I believe it was a failure of physicians to properly participate in that debate and some miscalculations by the AMA that left vital issues out of that legislation.

The FMA feels PPACA can be significantly improved. PPACA did not address reform of the medical liability system. It did not fix the flawed Sustainable Growth Rate formula. It would add 18 million people to the ranks of Medicaid which is already strained with inadequate reimbursement and access. And, it creates a new morass of bureaucracy and regulation. The FMA supports efforts to improve our health care system with common sense reforms that increase access to affordable quality health care.

At the state level the FMA 2011 Legislative Agenda will strive to make sure that expert witnesses in this state tell the truth. They should be licensed in Florida and it should be made clear that expert testimony is practice of medicine, with penalties for abuse of the privilege. We will try to bring Medicaid reimbursement up to Medicare rates or at least make sure that physicians have the opportunity to control reimbursement of Medicaid funds in any capitated system. Sovereign immunity should be provided to physicians providing mandated treatment in emergency rooms.

Finally, physicians need to make sure that we make Accountable Care Organizations (ACOs) entities which improve efficiency of delivery, access to and quality of care. The physicians role should be to direct our efforts at the well-being and safety of our patients. To accomplish this, ACOs must be physician-led to ensure that a physician's medical decisions are not based on commercial interests, but rather on professional medical judgment that puts the patients' interests first.

Our profession is in a period of flux. We cannot afford to lose. Not because of our financial interest or because our children may or may not enter the field. We need to win for the sake of quality, affordable, accessible health care. In essence, we fight and win for our patients. No one knows more about what is at stake here more than physicians. We know how insurers can ration care by creating bureaucratic hurdles and frank denials. We have seen patients with no access who present with more advanced disease than might otherwise be the case. We, who have given much, must do more because we cannot lose anymore. The one thing I am sure of when I personalize these issues is looking forward no matter how long I practice, no matter what field my children enter, I want the best healthcare system possible in the future.

To accomplish our goals we need as strong a political voice as possible. Your membership in FMA PAC and the MD1000 Club and your financial support of candidates dedicated to improving our health care system provides us with the political power we need to be heard. If you have joined and contributed, I thank you. If not, you must do your part. The battle is on.

The future of our profession is at stake. We cannot afford to lose.

For complete list of the FMA's Legislative Agenda, please see insert.

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Join the FMA PAC, 1000 Club and LOOP to Help Yourself

Betty Rubenstein, LCMS Alliance Legislation Chairman

In order for your legislators to help doctors, doctors must help elect their legislators. Simple fact. In this past election, FMA PAC candidates won overwhelmingly! In the U.S. Senate race, FMA PAC endorsed candidate Marco Rubio who easily defeated his opponents. In the Florida Senate, the FMA PAC endorsed 13 candidates with a 100% success rate. In the Florida House, FMA PAC endorsed candidates won 71 out of 75 races, a 95% success rate. In statewide races, including Governor (Rick Scott), Attorney General (Pam Bondi), CFO (Jeff Atwater) and Agriculture Commissioner (Adam Putnam), FMA PAC had a 100% success rate.

Here's how you can help:

1. Join the FMA PAC. The FMA PAC endorses medical friendly candidates and can give them up to \$500 each election cycle. To join the FMA PAC, send \$250 for a physician and, \$100 for an Alliance member to The FMA PAC, P.O. Box 10269, Tallahassee, FL, 32302-2269.
2. Join the MD1000 Club. It takes more than a \$500 endorsement from the FMA to elect a medicine friendly candidate. This is where the MD1000 Club comes in. This organization is able to give the candidate thousands of dollars towards their campaign. Send a \$1000 check for a two-year membership (or \$500 for this year and another \$500 next year) to the FMA PAC (made out to FMA PAC) address above and write MD1000 Club in the note.
3. Sign up for the FMA Alliance Legislative LOOP. The Legislative LOOP is an e-mail notification program designed to inform members of upcoming legislation affecting physicians and the practice of medicine in our state. By subscribing to the LOOP, you will receive up-to-the-minute information about current bills. To subscribe, send an e-mail to: fmaaloop@gmail.com with the word "subscribe" in the subject field. Please note your e-mail address will not be shared or distributed and you may opt out at any time. If, at the time you would no longer like to receive LOOP e-mails, reply with "stop" in the address field.

If you have any questions, please do not hesitate to e-mail or call me at: Betty18@aol.com or 482-6327.

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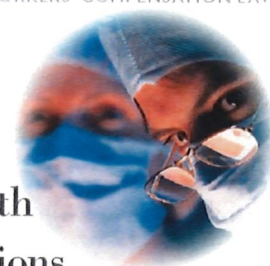
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Understanding the Risks of Advertising

By the Risk Management Experts at First Professionals Insurance Company

Advertising is often heavily relied upon to acquire and maintain clientele. Healthcare advertisements are frequently used in much the same manner. From a liability standpoint, the fundamental risk management approach to physician advertising is that it be done in a legal and ethical manner. Consideration of rules and guidelines in your area of practice will ensure positive results from your advertising investment.

Due to the fact that advertisements in the healthcare profession are highly regulated, it is imperative that you consult federal, state, city and medical associations regarding rules, regulations and guidelines when creating advertisements for your medical practice. The form of the announcement should be easily comprehensible by the public. In some venues, any advertisement for free or discounted services must contain a specific statement regarding the patient's rights. Content that by intent is educational could be interpreted by a court as a form of advertising and thus subject to the regulations pertaining to same. For these reasons, legal or risk management guidance should be obtained before advertisement content material is released for publication. Physician advertisements are generally considered to be false or misleading when containing:

- Misrepresentations of facts
- Only a partial disclosure of relevant facts
- False or unjustified expectation of the benefits of the services offered
- Representation or claims that cannot be met
- Representation, statements, or claims that mislead or deceive
- Statements or implications that a physician is a specialist unless formally recognized as such (and subject to individual state law)
- Misrepresentations of professional services and fees
- Failure to conspicuously identify the physician by name

The American Medical Association (AMA) states in its guideline E-5.02 *Advertising and Publicity*, that "there are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices". The essential guiding standard is whether the advertising, regardless of format or content, is truthful and not materially misleading. Pursuant to the AMA, "objective claims regarding experience, competence, and the quality of the physicians and services they provide may be made only if they are factually supportable".

Many health professionals are turning to the World Wide Web as a way of communicating to the public and allowing patients to access information more quickly.

According to the AMA's guideline E-5.027 *Use of Health-Related Online Sites*:

1. Contents on websites should be accurate, timely, reliable, and scientifically sound and referenced
2. Interactive sites should be consistent with general and specialty-specific standards
3. Participation in e-mail communicative interactive sites should follow AMA guideline E-5.026

4. Conflicts of interest shall be minimized
5. Security protections, privacy and confidentiality safeguards must be established, including patterns of use and interests.

In most jurisdictions, physicians will be personally held liable for the advertisement even when the content is prepared or circulated through an agent or third-party due to the fact that the medical professional has ultimate control over the substance of communication. It is the physician's responsibility to review and ensure that advertisement material complies with applicable administrative rules or statutes governing the soliciting of patients. Noncompliance with rules and regulations could result in fines or potential actions against the physician's license.

Risk Management Guidelines

- Adhere to AMA advertising guidelines⁽¹⁾ and local administrative rules
- Ensure that advertisements and brochures accurately reflect the services available
- Never guarantee or warranty results or outcomes
- Exercise caution with contracts or agreements with third parties that provide free or discounted services to your patients that could constitute "fee-splitting"
- Personally review the content of advertisements and brochures for accuracy
- Submit advertisement material to review by your personal attorney or insurance carrier
- Include the risks and complications with the benefits of a treatment or procedure
- Do not reinforce unrealistic expectations in photos or verbal statements
- Do not use language that will hold you to a higher, impossible to meet standard of care
- Confine advertisements to only those venues in which you are licensed to practice
- Indicate the states and jurisdictions where you are licensed to practice in advertisements in electronic modalities such as email, web page, television, and the internet
- Archive all advertisements – recording the dates placed in and out of circulation. These could become evidence in the event of litigation
- Retain video or audio tapes of advertising for at least a 90-day period from when last aired

⁽¹⁾American Medical Association: Guideline E-5.027, *Use of Health-Related Online Sites*

This information does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained herein are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

For more information regarding this and other medical professional liability insurance risk management issues, please contact the risk management consultants at First Professionals Insurance Company - 800-741-3742, ext. 3016 or send an e-mail to rm@fpic.com.

Practice Management Info

Update on New Medicare Policy on Lab Requisitions

In the November 29, 2010, Medicare physician payment schedule final rule, the Centers for Medicare & Medicaid Services (CMS) finalized its proposed policy to require the treating physician's or qualified non-physician practitioner's signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule. In response to strong concerns expressed by the AMA and others, CMS agreed to delay enforcement of this new policy until April 1, 2011.

CMS had planned to use the extra time to educate physicians on the new policy, but the agency has not yet issued any educational materials and the vast majority of physicians remain unaware of the change. Our understanding is that most physicians do not currently sign their lab requisitions, although many of them sign chart orders. The AMA and the lab community are very worried that this policy is seriously flawed, does not take into account current physician workflow patterns, and could jeopardize patient access to care. The basis for this policy has not been well articulated by CMS and we do not feel they have adequately justified the need for a change of this magnitude. The AMA has communicated our opposition to this policy and has joined a coalition of other health care stakeholders including labs and hospitals to register our collective opposition to CMS. Last week we met with senior CMS officials to convey our concerns and ask them to consider further delaying and/or withdrawing the policy.

At the meeting, CMS asked us to provide questions that physicians have regarding the new policy to them so that they can address these questions in their educational materials. Please let us know if you or your members have any specific questions about operational or other aspects of this new policy.

While CMS has delayed enforcement of the new policy, we continue to harbor significant concerns and do not feel this change is warranted. As such, we also are seeking input from physicians to help us articulate to CMS how burdensome and interruptive this new policy will be. If you have members who have been affected by this policy or expect to be affected by this policy, we are interested in receiving feedback. We will use this input to help advocate for a further delay while we work to ultimately get this policy redacted.

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Physician, is your Office Manager/Administrator looking for Southwest Florida's foremost medical professional group to join?

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Come join us every third Wednesday of the month at Gulf Coast Regional Medical Center – Community room at 12:00 noon or visit our website at: <http://hmafortmyers.com>

Application to join is an insert in this month's Bulletin, give it to your Office Manager/ Administrator to join this innovative group and stay on top of what is happening in medicine.



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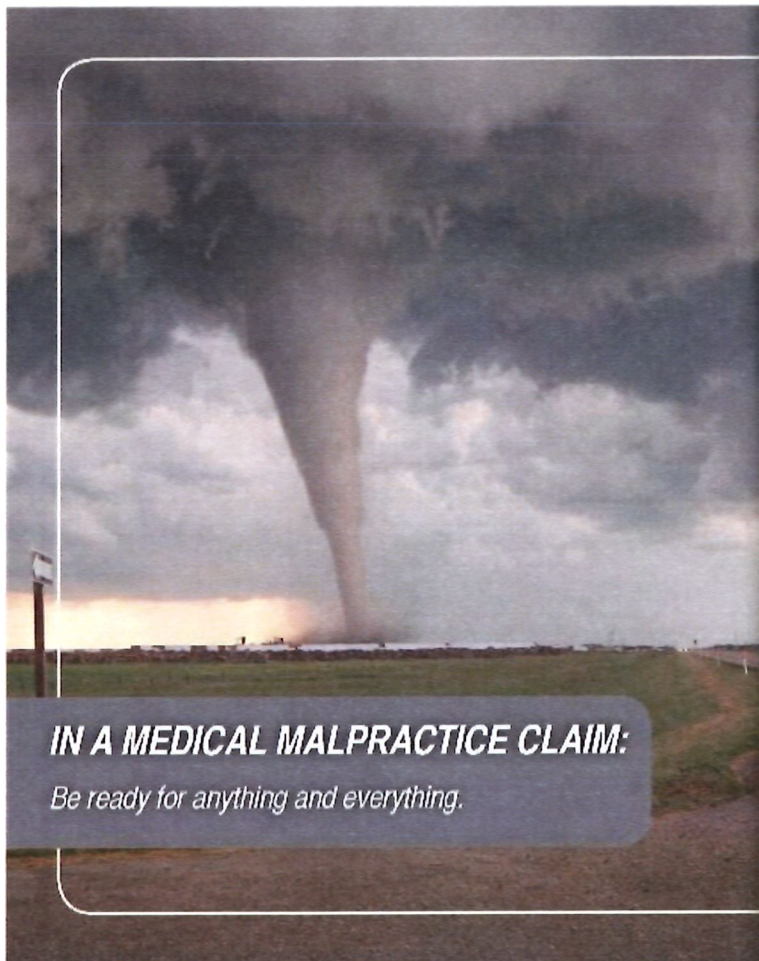
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