

2011 Meetings and Events

September Meeting
Wine Tasting Social
Friday September 16, 2011
&
General Membership
at the
Sandy Butler
17650 San Carlos Blvd.
Fort Myers, FL 33931
6:30 P.M.



November Meeting
November 17, 2011
6:30 PM Social/7 PM Dinner
FineMark National Bank & Trust

Labor Day



Insert

- Harry Chapin Food Bank
- Pot Luck in Paradise
- Wine Tasting Social/General Membership Meeting
- LCMS 2012 Committee Sign-Up

Inside this issue:

<i>President's Message</i>	1
<i>New Applicants/News</i>	2
<i>As I Recall</i>	3
<i>McCourt Scholarship Letters</i>	4
<i>AHIT - EHR's Meaningful Use Info</i>	5
<i>FMA Annual Meeting</i>	6-7
<i>Physician Volunteerism in Lee County</i>	8
<i>Neonatologists Perspective</i>	9
<i>LCMS Alliance News</i>	11

President's Message

Are County Medical Societies Worth the Money??

Shahid Sultan, MD



The establishment of medical societies in the early nineteenth century provided a means for physicians to separate themselves from a variety of other health practitioners and be among like-minded and equally qualified colleagues. One of the main functions of any association is networking and developing relationships with your fellow members. In today's environment where competition for the health care dollars is intense and every paramedical profession is trying to expand its professional limits, it is ever more important for medical societies to be financially strong and well organized to safeguard the profession from legal and financial attacks.

A number of factors including new technologies like Face book, Twitter, email, LinkedIn, medical blogs etc. have made it much easier to connect with each other making it easier to leave organized medicine. In addition changing medical economics have made it difficult to justify payments of dues without any tangible benefit. The position AMA took regarding recently passed Affordable Care Act (ACA) brought to the surface members' feelings that AMA's priorities are not in synch with their own. As a result the AMA saw a 3% decline in their membership in 2009. Though, according to Cecil Wilson, immediate past President of AMA, new membership for 2010 has bounced back up.

Even though many physicians may not see the tangible benefits of belonging to a county or a state association, there are numerous areas where an association can be more effective than an individual physician or a small group practice. Following is a brief synopsis of what Lee County Medical Society provides to its members. It is evident that these valuable services can only be accomplished through an organization like LCMS and would not be possible for an individual physician or a small group practice to avail them on its own.

Advocacy. Most of the local issues facing physician practices are discussed vigorously by the board members and then brought to the attention of the FMA for further legislative actions. Some of the recent examples include physician's dissatisfaction over AMA's support of the ACA. Resolution for FMA to leave AMA was proposed by a local physician and was debated at the FMA annual meeting. Similarly, LCMS supported efforts by FMA for tort reforms at the state level and it was successful in getting legislations passed which were favorable to the medical community.

Group Practice Purchasing Program. Physician practices can take advantage of specially negotiated discount of up to 65% from Vendors like Office Max for office supplies. It is a free benefit for the members.

Healthcare Legal Counsel. Allow members to speak with an attorney free of charge for 15 minutes on healthcare related legal questions including medical malpractice and regulatory issues.

Medical Malpractice Insurance. Through First Professional Insurance Company (FPIC) members of LCMS enjoy 10% off their malpractice premiums.

Workers Compensation Insurance. Participating members are eligible for dividends based exclusively on claims activity. Up to 24.8% of your premium can be paid back as dividend.

Physician Referrals. LCMS office offers free referrals and background check of physicians for patients.

Practice Information. LCMS offers free informational packages for physicians who are relocating in or out of the area. LCMS also provides information on how Florida laws/statutes impact physician practices.

Speakers Bureau. Upon request LCMS can arrange for speakers for local events and organizations including Edison State College and Florida Gulf Coast University.

Bulletin. Ten Issues of the Bulletin per year are mailed to each member to keep them updated on issues affecting the practice of medicine. The bulletin is available on LCMS website as well.

Pictorial Directory. Contains information for all active members of the society and is an excellent source for patients seeking an area physician. Distributed to the public free of charge.

Membership Directory. Includes members with organization name, specialty, location and contact information. Distributed to physicians and Medical Offices.

Some of the other benefits include:

List of Physicians, their specialties and languages that they or their staff provide for the patients and their families.

New Physician Mentoring Program. This will help new physicians acclimate to the community with a fellow professional that is not associated with their professional practice.

McCourt Scholarship Memorial Fund. Sponsors children with Diabetes to attend Florida Camp for Children and Youth with Diabetes.

LCMS Website. Lists all its members and their contact information.

The society also maintains a Grievance Committee, Public Relations and holds educational and informational events for its membership.

No association be it local, state wide or national can please every member but there is only one way we can have a voice at the State and National level and that is by joining hands and working for a common goal to preserve our chosen profession and better serve our patients.

People want to work with people they know, like and trust. Build relationships through your Medical Society.

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

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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

Relocated**Surgical Specialists of Southwest Florida**

Gordon Burtch, M.D.

Anthony D'Angelo, M.D.

Ajay Kalra, M.D.

Jose Manibo, M.D.

6821 Palisades Park Court, Ste 1

Fort Myers, FL 33912

Tel: 239-936-8555

Stephen Laquis, M.D.

Ophthalmic & Facial Plastic Surgery

7331 College Parkway, Ste 200

Fort Myers, FL 33907

Tel: 239-947-4042

Billy Fulk, M.D.

McGregor Medical Walk-in Clinic

16731 McGregor Blvd., Ste 105 & 106

Fort Myers, FL 33908

Tel: 239-437-2121

Gerardo Gamez, M.D.

Eileen Schwartz, M.D.

Florida Neurology Group

12670 Whitehall Drive

Fort Myers, FL 33907

Tel: 239-936-3554

Relocated

Robert Schwartz, M.D.

Bob Rauschenberg Center for Living

3677 Central Avenue, Ste B

Fort Myers, FL 33901

Tel: 239-278-4273

Moved out of area

Timothy Hughes, M.D.

New Phone and Fax Number

Carlos Cuello, M.D.

Tel: 239-348-4290 Fax: 239 348-4296

ANNUAL MEDICAL SERVICE AWARD NOMINATE A PHYSICIAN TODAY!

Download the form from our website:
www.lcmsfl.org or call our office
 for more information at
 239-936-1645

Who will you nominate?



Physicians in the News



The American Medical Association (AMA) named James L. Madara, M.D., as its new Executive Vice President and Chief Executive Officer. Dr. Madara assumed leadership of the nation's oldest and largest physician group on July 1.

Notice for Lee County Physicians from your Health Department

Beginning January 1, 2012, the Health Department will no longer provide human rabies immune globulin and rabies vaccine to bite victims unless they qualify for the Sanofi-Pasteur Patient Assistance Program (eligibility requirements on request).

Victims will be referred to their medical provider, walk-in-clinic or emergency departments for care of injuries and, if determined by the health care provider, for rabies prophylaxis.

The health department will continue to be available as a consultant to providers.

For more information contact: Judith A. Hartner, M.D., M.P.H., CHD Director at (239) 332-9511 or Robert South, Ph.D., M.P.H., Biological Administrator at (239) 332-9580

New Applicant

Francesca M. Swartz, D.O. — Dr. Swartz received her DO degree from the Chicago College of Osteopathic Medicine in 2005. She completed her internship/residency at Genesys Regional Medical Center, Grand Blanc, MI (2005-2010) and a fellowship at Plancher Orthopedics in Cos Cob, CT, (2010-2011). Dr. Swartz is with Orthopedic Associates of Southwest Florida, P.A., 13691 Metro Pkwy. S, Suite 400, Fort Myers, FL 33912. Telephone: 239-768-2272.



As I Recall...

Roger D. Scott, M.D.

OBITS

As a newcomer to Fort Myers in 1958 it was important that I read as much as I could about the populace and reading the obituaries (**OBITS**) daily revealed much personal information regarding the "headliner" and their family. Please realize that Fort Myers was a much smaller town and somewhat isolated from the outside world so many of the citizens were related to each other. The second person I met when I came to Fort Myers was Sheriff Flanders ("Snag") Thompson who rendered me one bit of advice that was: "Don't say anything bad about anybody in Fort Myers because everybody is related to everybody else." I have generally found that to be true, but if they weren't related to each other they were often good friends. It was therefore necessary to subscribe to the *Fort Myers News Press* which at that time featured much news, pictures and even a social column, extensive comics, hospital admissions and discharges, births (long before HIPPA), and of course **OBITS**. No ethical physician or lawyer would consider advertising except a new physician coming to town was allowed to announce for one week a regulated notice of opening his (no hers then) practice. The only TV station was WINK (I believe it was channel 5.) and could only show the local news and a few recorded local programs along with national shows previously recorded from a TV monitor (kinescope-not a live show), but up-to-the-minute national views were unobtainable as the major cable carrying the networks only reached Jacksonville. I had a 40 foot high tower and rotating antenna that could sometimes, in good weather, get a Tampa or Miami station. It was indeed great when the TV cable extended from Jacksonville to Fort Myers. We were then able to get much better live programs and could watch even some current events occurring, but we still had to use antennas to receive the TV signals. WBBH (Channel 20 I believe.) later was the second television station locally. Ultimately pay-for-view (Southern Cablevision or some other name earlier) cable came to town and if you subscribed you did not need an antenna. While TV continued to improve, the newspaper has continued to decline and has turned into an advertising medium with some news. In the Sunday paper I am reading while preparing this article, I counted 180 pages of mainly 8 x 10 inch advertisement flyers. It had some years ago dropped the vital statistics of the hospital, but the **OBITS** still "live on" so to speak! I subscribed to the daily newspaper for many years but in recent years I have restricted getting it except for Friday, Saturday, and Sunday.

By reading the **Obits** I became acquainted with various members of the families and their various relatives of which I was unaware, and also the opportunity to see so many of the young folks from 1958 become the older folks in 2011 (myself included). The very important column in the newspaper to me still remains the Obituaries, and I now find that so many of my dear friends and patients are getting old and passing away. Since I do not get the daily paper I sometimes am not notified or aware of their passing, and I do want to pay my last respects even though it grieves me. I have over the years learned much history from the **Obits** about my friends that I did not know.

The custom is that only the good things about the deceased are put in obituaries, and the bad things die with the person in contrast to Shakespeare's Antony stating at the death of Julius Caesar "The evil that men do lives after them. The good is often interred with their bones". About two years ago this brought me to the fact that I

had not made any "final" plans except for wanting to be cremated, and so I asked Susan Lien, a skilled artisan and wonderful surgical technician at Lee Memorial Hospital for 30 years, to create my urn. In the beginning neither of us knew exactly what form this urn should be. Without my knowledge, she began by collecting "symbolic dust" (in areas of construction, destruction, or remodeling) from the 1943 & 1968 Lee Memorial Hospital, HealthPark, Cape Coral Hospital, Southwest Regional Hospital, and Gulf Coast Medical Center to mix in the urn's mortar. She asked that I give her some small personal items to use in this project. These were initialed gold cuff links, several tie tacks and clips with the caduceus, staff of Aesculapius, Eagle Scout, American College of Surgeons, International College of Surgeons emblems, a bronze medal from Lee Memorial Health System honoring 28 years of membership, a cameo from the wall of a Zippo cigarette lighter (it also played "Dixie"), a very worn gold engraved pen knife with "R.D.S." on one side and the names of my first three children with their birth dates engraved on the other side (A birthday gift from my staff about 1966 before the birth of my last two girls.), an Honorary Deputy Sheriff of Lee County badge, two first lieutenant and captain bars from the Air Force, a dancing medal, a gold watch-key chain, a 1944 Riverside Military Academy ("sweetheart") pin, an ATO Fraternity pin, and a number of other items that are also included in its wall. There is a long strip of copper from beneath the floor tile that was used to electrically ground the floor to prevent explosions of anesthetics (These agents are no longer used.) that she removed from beneath the Operating Room tiles in the 1943 Lee Memorial and several segments of stainless steel ball-chain used to raise or lower hanging IV bottles in the operating room. There are parts of numerous surgical instruments (clamps, scissors, suction tip, common bile duct dilator, grooved director, towel clips, spinal needles, rake retractors, etc.) I had used in the operating room. There is even a modern laparoscopic forcep as well as a Mediport, a "jeweled" American flag and many small broken pieces of beautiful China from the Berne Davis and Jewett collection (the family that financially supported the Jewett wing of the 1943 Lee Memorial Hospital). Near the top is a framed photo of me at about age two below a gold letter "A" for Alpha and on the opposite side of the urn is a framed recent photo (about 75 years of age) of me below an Omega sign thus the beginning & end of "yours truly". Even though Sue was not sure as to what she was going to design in the beginning, she developed, produced, and sculptured in 1½ years all of the items I have described and more into a most unusual design and beautiful 18 inch tall Pique Assiette style (A total surprise to me!) urn with a removable top pierced by a large half-circle cutting suturing needle threaded with a "gold" suture. This A.I.R. is not meant to be morbid only realistic at my age. I wake up each morning and thank God for another day and at night pray that He will give me another day. I hope that when my demise does come, you will come to say farewell and remember only the good that I have done and admire my beautiful resting place. I hope that will be a long time in the future.



Always **REMEMBER 9-11**, those who perished and those living and deceased who rendered service to support our freedom!

McCourt Scholarship sends youths to Diabetes Camp - Lee County Medical Society receives letters of appreciation.

This is a letter of our appreciation. Justin had a wonderful time at camp this year and learned valuable information about his diabetes. We sincerely thank you!!!

JUSTIN PRATIS *Lisa Mandy Campbell*



Florida's Diabetes Camp

PO Box 14136, Gainesville, Florida 32604 • Phone: (352) 334-1323
Fax: (352) 334-1326 • E-mail: Rosalie@floridadiabetyescamp.org
www.floridadiabetyescamp.org

June 29, 2011

Stephen R. Zellner, M.D.
Ann Witte, Executive Director
Lee County Medical Society
McCourt Scholarship Fund
PO Box 60041
Ft. Myers, FL 33906

Dear Dr. Zellner and Ann,

Thank you for the continued support of the programs of Florida Camp for Children and Youth with Diabetes. We have received the donation of \$ 2,500 from the McCourt Memorial Scholarship Fund. . .

We have received the applications from the first three designated scholarship recipients:

Justin Pratts for Sports Camp
Michael Huffer for Camp Winona I
Nathan Huppelsberg for Camp Winona I

We truly appreciate the additional scholarship donation of \$ 1,075 for Lee County campers. I am now processing the requests for financial aid for the July and August camp sessions and will award the additional McCourt Scholarships as appropriate.

To date, we have held four sessions of Diabetes Camp in June and all have been at full capacity. The July session is also reaching full capacity. The need for our program seems to grow with time. Without our partners, however, this growth could not have been possible. With very best wishes,

Sincerely yours,

Rosalie Bandyopadhyay
Director
Financial Aid and Scholarships

Florida Camp for Children and Youth with Diabetes, Inc.

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll free within the state at 800-HELP-FLA. Registration does not imply endorsement, approval or recommendation by the state. Florida Diabetes Camp registration number is SC-00000. The registration was not a professional collection. A Not For Profit corporation • Certificate no. T-1 • Exempt: 80-300 25-3005009



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From left: Kate Wagner, O.D.;
E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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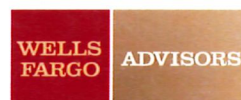
Online Providers can: Complete the no-cost Provider Participation Form / Application for Services, learn about upcoming educational opportunities and find the latest news about Meaningful Use. Some services and sessions are provided at no charge and others do require a fee.

Meaningful Use: Via education sessions, AHIT can provide practices with an overview of current Meaningful Use criteria, including an understanding of the reporting definitions. *Complimentary*

Medicare/Medicaid EHR Incentive Program Enrollment: AHIT staff can provide job aids and step-by-step guides to enrolling in federal EHR adoption incentive programs. *Complimentary*

Meaningful Use Gap Analysis: AHIT can provide tools for practice self-assessment to use in working with EHR vendor to identify next steps in meeting required criteria. *Complimentary*

For more information please contact Ashley Sellers (727) 573-2422 Ext. 300 Ashley@chcalliance.org or Marc Myers, (813) 394-5485 MMyers@bbrhio.com www.AdvanceHealthIT.org



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FMA's 135th President: Miguel A. Machado, M.D.

I would like to start by thanking everyone that has taken the time to be here tonight. Some of you have traveled a long way to be here with me on this important night, and I thank you.

Let me start by introducing my family. My father would be a very proud man if he could be here: My mother, who made the difficult sacrifice of sending her son to Spain alone, at the age of 14, so I could be a free man. My sister, Nora, who went to work after finishing high school, so I could go to medical school and her husband, my friend, Guillermo Ferro. Now my children, who are my pride and joy: Minela and Tom Paulus, the parents of my grandchildren, Luisa, Anamaria, Francisco and Maximilian. My son, Miguel the III, and my little one, Luly, who did a great job helping organize tonight's festivities, thank you. Next is my girlfriend, Amaya, who somehow finds pleasure in putting up with me; and then my goddaughter, Paloma Alvarez-Perez.

I will introduce many of my friends during the dinner.

For a year now, I have thought of many subjects that I could use for this speech, but I think that as President, I have a responsibility of exposing the lies that we hear every day about the healthcare in our country, so here it goes:

Lie #1: Other countries have better healthcare than the United States. That is a lie.

If you go to Shands in Gainesville, or Duke in North Carolina, or the Mayo Clinic in Minnesota, or Hospitals in Houston, you will see people from everywhere in the world coming to us for medical care.

When Canadians need a coronary bypass or treatment for a brain tumor, they come to us for care. I have no doubt about it; the healthcare system in our country is the best in the world. We may have a problem paying for that care, but I will discuss that later.

Lie #2: 50 Million Americans have no medical care. Be careful with the wording. Every hospital and every doctor in this country provides millions of dollars, every year, to take care of the uninsured in the emergency room. So the uninsured do receive medical care. What they don't have is elective medical care.

The real question is: should we destroy a system that covers 260 million people completely and the emergency care of the uninsured to provide elective care to 50 million? Would it not be easier to "tweak" the existing system to cover the needs of the uninsured?

The reality is that the liberals in Washington want to take control of the health care system. It really is about control, and not about healthcare. We can't be naïve; this is the way to socialized medicine and we need to oppose any possibility of this disaster taking place in our country, and those that, in any way, facilitate this takeover of the healthcare in our country by the government will be responsible for the consequences. But trust me, I have seen it happen in Cuba, it will be too late.

Lie #3: Health care is too expensive. Really?

This brings me to the four draining forces in the system. I call them the "leeches" of the healthcare payment system:

Leech #1: Fraud and abuse – the Medicaid budget in 2008, in Florida was \$16 billion; \$3.2 billion went to pay fraudulent claims. That is 20% of the budget. All you need to bill Medicaid, or Medicare for that matter, is a name and a social security number. Lists with this information are sold in Miami on a daily basis.

AHCA and Medicare have been unable to stop the fraud in great part because the technology was not available, but now a simple computerized card with a small swiping machine can stop the majority of the fraud, if not all of it. The price to establish this system, for the almost 2 million Medicaid recipients in Florida, is \$30-\$50 million.

Leech #2: Frivolous law suits and defensive medicine – It is estimated that 20% of any healthcare payment system in our country is spent in defensive medicine.

When was the last time a patient with indigestion went to the emergency room and left without a full cardiac workup? When was the last time that a patient with a headache went the emergency room and left without a CT scan or an MRI? We don't use physical examinations or common sense anymore, because we are afraid of being sued. We need to take the lawyers out of healthcare and the doctors out of the courtrooms.

Leech #3: HMO's – They take between 15% and 40% off the top for management and profits. The Medical Home System implemented in North Carolina and Oklahoma have proven that the management can be done with 6-7%, which means that HMO's are taking between 8 and 33% of the healthcare money from the system.

Leech #4: Retail pharmacies – They sell medications at 15,000-40,000% markups. No wonder in many towns in Florida and around the country the biggest buildings are CVS and Walgreens.

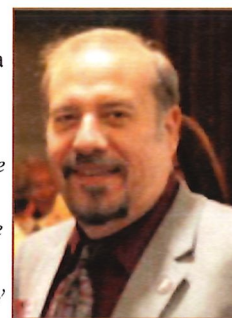
In 2009, the Medicaid program paid \$1.6 billion in medications; that same year, they paid \$1.1 billion to physicians, half a billion dollars more to pharmacies than to doctors. The doctor takes a history, examines the patient, produces a treatment plan, and writes the prescription and the pharmacies make the money for counting the pills.

If you add 20% in fraud, 20% in law suits and defensive medicine, just 10% in HMO's and 5% in pharmacies, you come up with 55% of the healthcare budget going out of the system. Do we think now that healthcare is expensive?

If we can stop the leeches from draining the blood out of the system, we would have enough money to cover the uninsured twenty times over. This is what Washington should be thinking about, if they were serious about solving the problem. Instead, Obama-Care has no solution for any of these 4 problems.

As your President, I will raise my voice to prevent us from the disaster of socialized medicine.

In his last speech to the FMA House of Delegates in 1986, the first Cuban-American President of the FMA, Dr. Luis Perez, said, and I quote, "My mentality in politics was like that of most doctors in this state, I do not have to get involved in these types of things. I want you to know that my friend, Fidel Castro, got involved in these types of things and took my country from me and I lost my country by default, because I did not get involved to fight it. I lost one country and I am not afraid to lose this one, but I am very afraid to lose my profession and that is not going to happen without my yelling, screaming, kicking and biting, or doing anything I have to do to protect it." As your President today, I promise to live by those words.



Miguel A. Machado, M.D.

Florida Medical Association Annual Meeting

Dean Traiger, MD, Chair of Lee Delegation to the FMA

The LCMS would like to thank the following Delegates for representing Lee County at this years FMA Annual Meeting.

Cyrus Anderson, MD	Stuart Bobman, MD	Stefanie A. Colavito, MD
Daniel De la Torre, MD	Larry Hobbs, MD	Raymond Kordonowy, MD
Mary Magno Mouracade, MD	James Rubenstein, MD	Shari Skinner, MD
Shahid Sultan, MD	Dean Traiger, MD	

The following physicians from Lee County have been nominated to FMA Committees:

Committee on Membership: Daniel De la Torre, MD

Committee on Ethical and Judicial Affairs: Craig R. Sweet, MD



LCMS
2011 DELEGATES, ALLIANCE
FAMILIES & GUESTS
ATTENDEES

The meeting was held at Disney's
Contemporary Resort
July 28 – 31
Visit the official website:
www.celebratemedicine.com

FMA Alliance Annual Meeting 2011

Mariquita Anderson, LCMS Alliance President

Four delegates attended the FMAA Annual Meeting in Orlando this past weekend. Representing the LCMS Alliance were Tami Traiger, Betty Rubenstein, Mariquita Anderson, and first-time attendee Vicki Sweet.

We were honored to have Emma Borders, President of the American Medical Association Alliance, and Dr. Nancy Swikert, President of the Southern Medical Association Alliance, in attendance. Joni Routman, RN, was installed as the FMA Alliance's President for the coming year and we thanked Shar Donovan, RN, for last year's service as President of the FMA Alliance. We also thanked FMA staff member Chris Gillespie for making the FMA Alliance Annual Meeting possible this year.

Notable excerpts from the Annual Meeting include the following:

- The FMA asked the FMA Alliance to become independent of the FMA in 3 years.
- The FMA Alliance is considering membership to people other than spouses of physicians.
- The Legislative Committee reported that 30% of those who traveled to Tallahassee for Days at the Capitol were FMA Alliance members. We had 9 members who attended.
- The FMA Alliance Membership Committee included in their report, "Kudos to Hernando, Osceola, Palm Beach, Pinellas, and St. John's counties for keeping their membership up and a special recognition to Lee County for increasing their membership by more than 10%!"

The FMA Alliance recognized the Lee County Medical Society Alliance with two awards. One was for First Place in the Community Service Award for County Fundraiser for our Holiday Charity Baskets. Thank you again to **Lynne Gorovoy** for a job very well done! The other award was First Place in Membership Increase. Thank you to all who phoned, mailed, and spoke to new physicians and your friends about joining! This award is truly the result of team effort.

The LCMS Alliance would also like to thank **Mary Macchiaroli** for her service to the State Alliance last year as South District Vice President and **Tami Traiger** who, as Chair of the FMA Alliance By-Laws Committee, also represented Lee County at the State level. Thank you, too, to **Betty Rubenstein** for the photos at the Annual Meeting. We love that you're a shutterbug!



LCMS Alliance, Vicki Sweet, Tami Traiger, Betty Rubenstein and Mariquita Anderson



LCMS Alliance, Mariquita Anderson, President

Physician Volunteerism in Lee County

Written by Julie Ramirez, Health and Wellness Director, Senior Friendship Centers

Most of us dream of the day when we retire and live the “good life” after years of hard working. But what happens after the novelty of retirement wears off? What do you do with your time then? You can volunteer!

The Lee County Senior Friendship Centers Health and Wellness Clinic is the perfect place to volunteer if you are a retired nurse or physician. Just a couple hours a month makes a huge difference in the health and lives of our seniors here in Lee County. Our clinic is designed to help seniors ages 50-64 who are without insurance and have limited incomes. Our funding comes from the CDC, through the Manatee County Health Department, Susan G. Komen Race for the Cure, the Cape Coral Kiwanis Club, Goodwill Industries and the United Way of Lee, Hendry and Glades County.

Last year, Senior Friendship Centers with the assistance of our two volunteer physicians, both gynecologists, saw 120 patients. Three of these patients were diagnosed with breast cancer and were placed on treatment plans paid for by emergency Medicaid. These patients were able to be seen in a timely manner, saving valuable time, money and possibly even their lives. ***We could not see these patients without our volunteer physicians.***

Our two volunteer physicians are Dr. Marilyn Young and Dr. Francis Howington. Dr. Young retired in 1999 after 15 years of private practice here in Lee County. Eager to still use her skills in the community, she joined Senior Friendship Centers Health and Wellness Center in 2008. After 3 years of volunteering at Senior Friendship Centers and seeing the growth of this clinic, Dr. Young invited former colleague Dr. Howington to join the team. Dr. Howington has had a prominent presence in Lee County since August 1968. He owned and ran his own successful OB/GYN practice until April 1, 2000 when he retired. Dr. Howington has been with Senior Friendship Centers since September 2010. We thank these two physicians for their willingness to volunteer and help our senior community.



Dr. Young and Senior Friendship Centers Staff

We would love to have additional physicians join our team and expand the services that we provide to seniors. Every physician is given sovereign immunity from the Lee County Health Department. Our staff is able to assist our retired physicians without a license in applying for a special license from the state. Our hours to see patients revolve around our physicians and the times that they have available. We currently see patients at two different clinics. Our main clinic is located at Hatton Rogers Retirement Community in North Fort Myers in partnership with Goodwill and United Way. Our secondary clinic is located at the Lee Memorial Clinic at the Dunbar United Way House, to where we share clinic space with Lee Memorial once a month. We will also have clinic space at the Cape Coral Kiwanis Club off of Santa Barbara Blvd. starting in early 2012.

In addition to retired physicians, we need assistance of actively practicing physicians that would be willing to see one or two pro bono cases. Some ailments are beyond the guidelines set forth by our grants, but still need further care.

If you would like to volunteer or have further questions, please call Julie Ramirez at 239-656-0221 or email at jramirez@friendshipcenters.org. We are people helping people.

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Prescription Pain Medications, Physicians and Neonatal Abstinence Syndrome: A Neonatologist's Perspective.

William Liu M.D.

In early August, after I had spoken to a local advocacy group about our increasing number of babies being diagnosed and treated for neonatal abstinence syndrome (NAS), Ann Wilke approached me and asked if I might write an article for the Lee County Medical Society about this topic. Although a detailed clinical description of NAS may be of interest to only a few of you, I believe the bigger picture implications of this problem will be germane to my colleagues who care for patients weighing more than 5 kilograms.

It is my hope that this conversation will increase awareness.

Let's start with the facts. Our local hospitals have seen a 700% increase in the number of admissions for NAS from 2005 to 2010. Although this still represents only 1% of live births, this phenomenon may indeed be the tip of the iceberg. Statewide, based upon data from the Agency for Healthcare Administration (AHCA), the diagnosis of NAS has increased by about 430% in the same time period.

With NAS, the newborn presents, immediately, or within several days or even weeks, with a constellation of symptoms, primarily neurologic and autonomic, resulting from physiologic withdrawal from opioid dependency. These include inconsolable irritability, inability to sleep or eat normally, emesis, loose stools, sweating, fever, respiratory instability, and in severe cases, apnea and seizures. Many of these symptoms are non-specific, and may also be seen in part, with in utero exposure to other classes of drugs, such as sedative/hypnotics, antidepressants and stimulants. However, it is only with long-term in utero opioid exposure that there is the greatest degree of medical consensus with respect to risk, long-term effect and need for treatment.

In Lee county, when the healthcare provider suspects significant maternal opioid exposure, the newborn is routinely observed in-house for one week, with a systematic scoring protocol to detect signs and symptoms of NAS. When there is significant exposure, such as the methadone treated mother, we are finding a high incidence of NAS requiring treatment, with an average length of stay close to one month.

Of note, the opioid dependent woman, once she becomes pregnant, is not a candidate for active withdrawal prior to delivery. The belief is that the mother and fetus face greater morbidity, and risk for fetal demise, with active withdrawal during pregnancy. Instead, a controlled treatment program is advocated, with methadone presently considered the drug of choice for maternal treatment. Again the belief is that a controlled treatment, with consistent availability of the medication, will minimize high-risk drug seeking behavior on the part of the mother, and minimize the risk of unplanned withdrawal during the pregnancy. This approach was first described in 1965, and remains an effective, if somewhat controversial strategy for treatment.^{1,2} Therefore, effective prevention strategies may need to target all woman of child-bearing age *prior* to their diagnosis of pregnancy.

When we speak of the effects of opioids upon women of childbearing age, we are really speaking about the impact on young and middle-aged adults, and this discussion moves easily to include the entire adult population. Is this increased exposure a local or more national phenomenon? Based upon survey data (which tends to underestimate any real incidence), in 2009 illicit drug usage overall for Americans aged 12 years or greater has increased to 8.7% or 21.8 million. Among women aged 15-44 years old, this has increased from 9.7-10.6% from 2006 to 2009. Non-medical use of psychotherapeutic prescription drugs has also increased to 2.8% in 2009.³ Prescription drugs appear to be a growing concern. In 2009, 5.3 million Americans admitted to past month prescription opioid abuse (NSDUH), and a 2009 survey reported 14.6% of 12th graders admitting to abuse of opioids.⁴ These estimates address only illicit opioid usage, but suggest an even larger exposure through legitimate medical channels.

Admissions to rehabilitation centers in Florida for pain medication dependency has increased 300% (from 3.5-13.9%) from 1998 to 2008.⁵ Local media have quoted an increase in deaths from prescription drugs, with the top three being oxycodone, benzodiazepines and methadone (The News-Press: July 6, 2010).

The lay press has published an article every few months relating to the growing concern regarding the excessive availability of prescription medications both legally and illegally, with the proliferation of "pill mills," especially in Florida. In September 2009, based upon the DEA ARCOS (Automation of Reports and Consolidated Orders System) database, 49 of the top 50 oxycodone prescribers nationally resided in Florida. As of December 2010, there are 932 pain clinics in Florida. Interestingly, two-thirds had less than 5 employees, and three quarters had only one listed physician (The News-Press; Jan 23, 2011).

Attempting to address the illegal avenues for access, legislative action has been moving more towards increased regulation. Many local Florida communities are placing moratoriums on pain clinics; the Florida Board of Medicine recently (Jan 2011) passed the Standards of Practice for Physicians Practicing in Pain Management Clinics, and "Pill Mill" legislative efforts (SB2272, SB818) are moving through the Florida Senate.

So it does appear that NAS, and associated increasing opioid exposure in the general public is a growing problem both locally, and at the state and national levels. Law enforcement and legislative initiatives hope to address this illicit availability, and funnel the access to prescription medications through more legitimate physician sources.

An historical perspective is sobering. Similar initiatives for similar problems have come and gone, as our society seems always vulnerable to new excesses. Many of us are not too old to recall that cocaine was the "drug du jour" not that long ago, and at that time the press was focused on "crack babies," and more recently methamphetamines. The difference presently is that the source of this excess may be as much from socially acceptable as well as unacceptable or illegal sources. For every mother who presents with a long history of illegal drug addiction, or deceptive doctor shopping, there are also mothers who claim surprise, shock and dismay, unaware and uninformed of the potential consequences of their treatments, having acquired their dependency legitimately and under the trusting care of a physician.

The great majority of physicians are dedicated to the betterment of their patients, doing their best to balance many factors to achieve the best possible outcomes. However, the art of medicine utilizes a complex decision tree, weighing risk and benefit on many levels.

I do not pretend to have any special insight into the big picture, but humbly submit two low-hanging fruit that may be picked and examined by you, the physician; and close with a question for societal introspection.

The first is increased awareness of the risks of opioid dependency. In the complex risk-to-benefit analysis that takes place with each physician-patient encounter, my hope is that the risk of NAS will be added to this equation...especially when a narcotic is chosen as part of the treatment plan for a woman of childbearing age.

Continued on page 10

Prescription Pain Medications, Physicians and Neonatal Abstinence Syndrome: A Neonatologist's Perspective.

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Continued from page 9

The second is informed self-accountability. In this age of patient autonomy, it is rare that the patient is not a part of the decision-making process, be it to choose combination NSAID's versus oxycodone, to gauge her level of pain or to influence the decision to continue treatment for days, weeks or months. This increased participation requires an informed and knowledgeable patient. And this awareness empowers personal responsibility, a responsibility to help ensure her health, and the health of her future children.

There is no doubt that selected use of narcotics are an essential component of medical therapy, facilitating effective and necessary control of acute operative pain, malignancy, as well as enabling chronic patients, often with multi-system disease, lead productive lives that would otherwise be unattainable. That said, the evidentiary guidance for management of outpatient non-malignant chronic pain is limited, and appropriate treatments remains a challenge to the primary care physician.⁶ Pain perception, using a biopsychosocial model, stems from not only "tissue damage or organic dysfunction, but also...attentional focus, mood, situation, prior learning history, cultural background, environmental contingencies and social support (biological, psychological and social factors)."⁷

It seems the perception and response to pain, suffering or anxiety is a human complexity, which has defined us as much as our happiness or our achievements. Which leads me to wonder, "To what extent is freedom from pain a human right? And has our society's response to this question evolved in ways that have truly improved the human condition?"

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Lee County Medical Society Alliance News

Mariquita Anderson, LCMSA President

Upcoming Events

The LCMS Alliance has prepared two events for September. The first event occurs September 7-9 and is the award-winning "Banishing Bullying Behavior" a Bully Safe USA Train the Trainer Institute. It's a collaborative effort with Lee County Public Schools, The School Board of Lee County, and The Foundation for Lee County Public Schools. All schools in Lee County—public, charter and private—are invited to attend. All Alliance members are welcome to attend. With this training, you will be better able to handle bullying behavior.

GOAL:

To train 20-30 participants—school administrators, counselors and mental health practitioners, police officers and Medical Alliance members, etc.

To facilitate interactive bullying prevention and intervention sessions with students—grades K-12

To conduct in-service training seminars for teachers and school personnel

To lead workshops for parents and care-givers

OVERVIEW:

During the two and one-half day training institute, participants will observe two student sessions and experience one and a half days of training sessions, which will include lectures, videotapes, research information, overheads and a collection of resource materials. On the third day, each participant will facilitate a student session and develop an action plan for future trainings.

If you are interested in attending, please email Mariquita Anderson at mariquita@nderson.net.

The second event is our annual Potluck in Paradise! Potluck in Paradise will be held Saturday, September 10 at John and Traci Mehalik's home. It will be catered by Jordan Webster so please do not bring a dish. RSVP by September 3rd to our gracious host with a check made payable to LCMSA for \$45/person: Traci Mehalik, 15851 Knightsbridge Ct., Fort Myers, FL 33908 Tel: 239-481-2085. Dress is casual. If you have any new physicians in your practice who would like to attend, please forward their names to Traci Mehalik: TraciMehalik@comcast.net, Ann Wittenborn: anne@wittenbornplasticsurgery.com Rahel Brown: Rahel.Brown@gmail.com, or Betty Rubenstein: betty18@aol.com.

The Alliance would like to thank our sponsors of the evening: Invitations—Wittenborn Plastic Surgery, Live music—Orthopedic Center of Florida, Appetizers—21st Century Oncology, Desserts—Doctor's Choice Home Care. Thank you for making this a very special event and we hope to see you soon. <http://www.lcmsalliance.org> <http://twitter.com/lcmsalliance>



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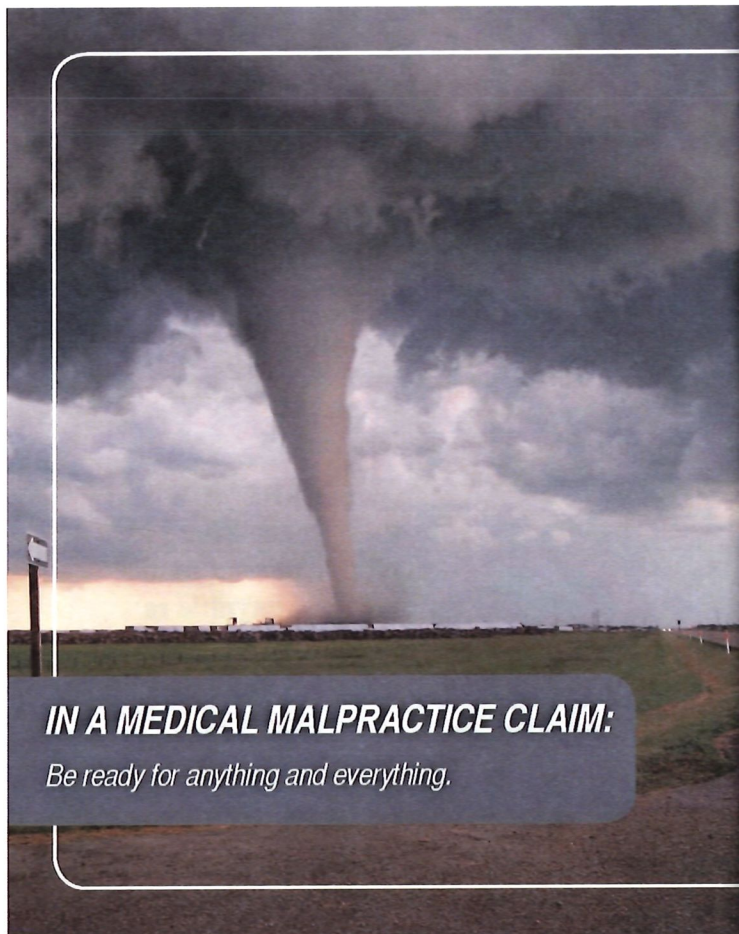
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