

Bulletin

Physicians Caring for our Community

Volume 36 Issue 7

Editor: John W. Snead, MD

December 2012

Lee County Medical Society General Membership Meeting

Annual Medical Service Awards 2013 Installation of Officers Honoring Life Members

January 18, 2013

Royal Palm Yacht Club
2360 West 1st Street
Fort Myers, FL 33901
6:00 p.m. Social Time
7:00 p.m. Dinner
7:50 p.m. Program:
Installation of 2013 LCMS Officers
Annual Medical Service Awards

Honoring 2012 Life Members RSVP Medical Society Office

LCMS, 13770 Plantation Rd, Ste 1 Fort Myers, FL 33912 Tel: 936-1645 Fax: 936-0533



Inserts

January Meeting Notice Advanced Radiology Imaging Flyer As I Recall: Roger Scott, MD

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President's Message

Richard Macchiaroli, MD

AMA - The Good, The Bad, The Ugly



Annual Meeting two and a half years ago, the FMA had to consider a difficult vote on whether or not to secede from the AMA. The basis for secession was essentially a loss of confidence in the AMA mission due to their support of the Patient

Protection and Affordable Care Act (PPACA), otherwise known as Obamacare. The AMA supported PPACA in exchange for a promise by the federal government to fix the faulty SGR formula, used to determine Medicare reimbursement for physicians. Ultimately, the politicians in charge at that time usurped the AMA support for their purposes and have done nothing to fix the SGR in return for the support. The FMA ultimately decided to remain under the AMA umbrella, hoping to change the AMA from within the organization.

Fast forward to today; I thought it would be interesting to review the current day AMA and their policies. I recently attended the 2012 AMA Interim House of Delegates Meeting. This meeting has the same format as the Annual FMA Meeting. The primary focus is to discuss AMA priorities regarding health system reform, payment reform, tort reform, information technology updates, and multiple other issues. The AMA has had many recent accomplishments in 2012 that are beneficial to physicians. They were able to get Accountable Care Organization (ACO) rules modified to reduce requirements to participate in Medicare and Medicaid shared savings. They facilitated a one-year delay in the implementation of ICD-10, as well as an extension for e-prescribing requirements. The AMA achieved a delay in implementation of final regulations for Stage 2 of the Electronic Health Record meaningful use They have produced comprehensive document entitled The U.S. Health Care Highway- 2012, which is a good document for monitoring the progress of PPACA changes, as well giving a prospective view of the future of medical practice given likely upcoming changes in the next one to two years.

The AMA has had many recent victories as noted above, but also has significant

losses. The perpetual "elephant in the room" is their inability to achieve success in reform of the sustainable growth rate (SGR) formula. This reform was promised to the AMA by the Obama administration in exchange for AMA support for PPACA. Sadly, the administration has yet to fulfill its promise, although it continues to tout AMA support for Support of PPACA by itself is PPACA. considered one of the AMA's greatest failures, as they did not represent the majority of physicians in this support. Of note only 16 percent of U.S. physicians are members of the AMA.

After attending this recent AMA meeting, my biggest concern with the AMA, and what I would refer to as "the ugly," is whom they I attended multiple reference committee and houses of delegates meetings and listened to physician testimony on a broad spectrum of issues. The AMA seems to want to advocate for all in healthcare. They want to support patients, physicians, mid-levels, and government. Their scope is too broad to be successful. They are responding to the agenda of others, rather than setting the agenda. An association has a responsibility to dues paying members, not to an industry. At one juncture, during a reference committee, delegates were discussing whether it would be prudent for the to support nurse practitioners independently caring for nursing home patients without physician supervision. The response from one delegate was complete exasperation that the AMA could even consider supporting this scope of practice encroachment upon physicians. The AMA's responsibility should be to support their member physicians, above all else. I got the sense the physicians were only one entity in healthcare supported by the AMA. Physicians need an organization that solely supports them, fiercely defends their causes, and sets a proactive agenda, rather than a responsive agenda. We need an association to help meet these needs. The AMA is not that association in its current form. The perpetual question remains. Do we try to change the AMA from within, or is it time to seek new representation outside of the AMA? The clock is ticking and the AMA does not yet seem to be changing to meet the needs of physicians.

LEE COUNTY MEDICAL SOCIETY BULLETIN

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PRINTERS

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meeting minutes are available for all members to review.

Membership News

New Members Nov. 2012 Karen Calkins, MD - Emergency Medicine Eric Garver, MD – Retired Orthopedic Surgery Elena Gatskevich, MD – Infectious Disease Laura Isley, MD – Radiology Susan Krauter, MD – Internal Medicine/Hospice Adriana Loukanova, MD – Internal Medicine Brian McGettigan, MD - Otolaryngology Kimberly Nicholson, MD – Pediatrics Alejandro Miranda-Sousa, MD - Urology Sumeet Shetty, MD - Hospitalist/Internal Medicine John Tillett, MD – Urology Harold Tsai, MD - Urology Henry Venable, MD - Anesthesiology Gregory Velat, MD – Neurosurgery Aaron Wohl, MD - Emergency Medicine

Reactivation:

Ralph Garramone, MD – Plastic & Reconstructive Surgery Fred Liebowitz, MD - Headache & Pain Management

Physicians News

Dr. Ashish Sharma and Dr. Nadia Kazim proudly announce the birth of their baby boy, Aidan Ashish Sharma, born October 19, 2012, 7 lbs. 14 oz.

New Applicants

Leonid B. Trost, MD—Dr. Trost received his MD degree from the Ohio State University, Columbus, OH 2000-2004. He completed an internship in Internal Medicine, and a residency in Dermatology at the Cleveland Clinic, Cleveland, OH 2004-2008. Dr. Trost also completed a fellowship in Mohs Micrographic Surgery & Oncology, Cleveland Clinic, Cleveland, OH 2011-2012. He is in practice with Acute Dermatology and Cosmetics, 9400 Gladiolus Drive, Suite 320, Fort Myers, FL 33908—Tel: 239-482-7546.

Gary Goforth, MD—Dr. Goforth received his MD degree from the Vanderbilt University Medical Center, Nashville, TN 1976-1980. He completed his internship/residency at the Tripler Army Medical Center, Honolulu, HI 1980-1983. Dr. Goforth also completed a fellowship at the Uniformed Services University of Health Science, 1989-1990. He is Program Director for LMHS Residency Program, 2780 Cleveland Ave, Fort Myers, FL 33901—Tel: 239-343-2375.

Shelly Chvotzkin, DO—Dr. Chvotzkin received her MD degree from the Philadelphia College of Osteopathic Medicine, Philadelphia, PA 1998 - 2002. She completed her internship in General Surgery at the Hospital Consortium of PCOM, Philadelphia, PA 2002 - 2003. Dr. Chvotzkin completed her residency in OBG at the Hospital Consortium of PCOM, Philadelphia, PA 2003-2007. Dr. Chvotzkin is in group practice with Lee Physician Group, 16271 Bass Road, Fort Myers, FL 33908—Tel: 239-343-7100.

LCMS MEMBERSHIP DUES



You should have received your 2013 Dues Statement by now; they were mailed mid-September. Please remit your dues by December 31st to keep them from becoming past due. Your quick response would be appreciated if you have not remitted your payment. Thank you to all of you who have sent your payment in already.

Recruit three new members and your 2014 dues will be free of charge!

Retired
Michael Metke, MD
Effective November 15, 2012
John Bruno, MD
Effective December 31, 2012

Resigned
John Bishop, MD

Practice Name Change
Florida Eye Health has a new
name. They are now Frantz Eye
Care, Jonathan Frantz, MD and
Jeffrey Willig, MD









Florida's Prescription Drug Monitoring Program

http://www.e-forcse.com

The Florida Prescription Drug Monitoring Program (PDMP), known as E-FORCSE (Electronic- Florida Online Reporting Controlled Substance Evaluation), became operational on September 1, 2011, when it began receiving controlled substance dispensing data from pharmacies and dispensing practitioners. The information collected in the database is available to registered health care practitioners to help guide their decisions in prescribing and dispensing certain highly abused prescription drugs. It may also assist health care practitioners in identifying patients who are "doctor shopping" or trying to obtain multiple prescriptions for the same controlled substance from multiple health care practitioners, which is a felony in the State of Florida.

What is E-FORCSE? It is a database that collects and stores schedule II, III, and IV controlled substance (controlled substance) dispensing information, as defined in <u>section 893.03</u>, Florida Statutes (F.S.).

What is the difference between administering, dispensing, and prescribing?

- <u>Section 893.02(1)</u>, F.S., defines "administer" as the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a person or animal.
- Section 893.02(7), F.S., defines "dispense" as the transfer of possession of one or more doses of a medicinal drug by a pharmacist or other licensed practitioner to the ultimate consumer thereof or to one who represents that it is his or her intention not to consume or use the same but to transfer the same to the ultimate consumer or user for consumption by the ultimate consumer or user.
- Section 893.02(21), F.S., defines "prescription" as an order for drugs or medicinal supplies written, signed or transmitted by word of mouth, telephone, telegram or other means of communication by a duly licensed practitioner licensed by the laws of the state to prescribe such drugs or medicinal supplies, issued in good faith and in the course of professional practice, intended to be filled, compounded or dispensed by another person licensed by the laws of the state to do so, and meeting the requirements of section 893.04, F.S. (Please see the statute for the complete definition.)

Reporting

Who is required to report controlled substance dispensing information to E-FORCSE?

Any health care practitioner who has dispensed a controlled substance in schedule II, III, and IV, as defined in section 893.03, F.S.. (i.e., OxyContin®, Percocet®, Vicodin®, Klonopin®, Xanax®, and Valium®), is required to report to the database. This includes pharmacies licensed under chapter 465, F.S., including mail order and Internet pharmacies; health care practitioners licensed under chapters 458, 459, 461, 462 or 466, F.S.

Who is not required to report controlled substance dispensing information to EFORCSE?

A health care practitioner is not required to report to E-FORCSE when he/she:

 administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;

- administers a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice or intermediate care facility for the developmentally disabled;
- administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- administers a controlled substance in the Emergency Room of a licensed hospital;
- administers or dispenses a controlled substance to a patient under the age of 16; or
- dispenses a one-time, 72-hour re-supply of controlled substances.

What information must be reported to E-FORCSE? A health care practitioner must report the following information each time a controlled substance prescription is dispensed:

- name of the prescribing practitioner and the prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
- prescribing practitioner's National Provider Identification (NPI) number (or other appropriate identification number);
- date of the prescription;
- date the prescription was filled/dispensed;
- refill number
- patient's method of payment (private pay, Medicaid, Medicare, commercial insurance, military installations and Veterans Administration, workers compensation, Indian nation or other);
- patient's full name, address, date of birth and gender;
- name, National Drug Control (NDC) number, quantity and strength of the controlled substance dispensed;
- full name, DEA number and address of the pharmacy or other location from which a controlled substance was dispensed (if the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, DEA number, and address);
- name of the pharmacy or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's NPI;
- and other appropriate identifying information as determined by Department of Health (DOH) rule.

When do I report the controlled substances I have dispensed to E-FORCSE?

A health care practitioner must report to the database as soon as possible, within seven (7) days of dispensing a controlled substance. Please visit http://www.hidinc.com/flpdmp and view the Dispenser's Implementation Guide for step-by-step instructions on how to register as an Uploader, and how to upload your controlled substance dispensing information. The guide provides information regarding system registration and data collection requirements. E-FORCSE requested dispensers report retroactive data from December 1, 2010 to August 31, 2011. Dispensers had until November 30, 2011 to provide this retroactive data.

What is the penalty for a health care practitioner that does not report their schedule II-IV controlled substance dispensing data? A health care practitioner who willfully and knowingly fails to report the dispensing of controlled substances as required by section 893.055, F. S., will be committing a first-degree misdemeanor.

Alliance News

By: Mariquita Anderson, Alliance President

Holiday Charity Baskets

Please bring cash or a check to purchase raffle tickets at our Holiday Party on Dec 3 to support this year's 501(c (3) charity as chosen by LCMS Alliance members! Nominations are being collected as this article goes to press. The vote will occur the week before the Holiday Party. The winner will be announced in the Nov 30 edition of the Alliance's e-Newsletter.

Featured Member Business - Valarie Hoffman Photography

The LCMS Alliance has started a new benefit for its members: Featured Member Business. Our first Featured Member Business is Valarie Hoffman Photography. Valarie will be taking portraits at our **Holiday Party on Dec 3** for a \$20 donation to the LCMS Alliance Foundation. Each donation will be entered for a chance to win a free family portrait session at the location of your choice and a framed 16x20 family portrait. For more about her business and to view her beautiful photographs, please visit http://www.lcmsalliance.org/content/featured member-business-valarie-hoffman-photography.

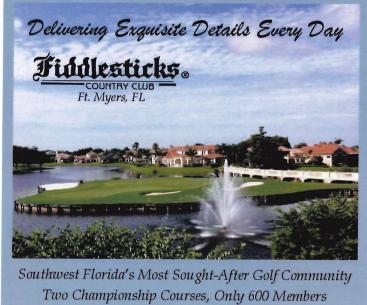
Dues Statement Mailing on Dec 1

LCMS Alliance will be emailing dues statements on Dec 1 for the 2013 year. Thirty-seven people have already paid their dues through their spouses' practices - thank you! For a summary of what your Alliance has done for you, please visit the End of Year Report, 2011-2012, at http://www.lcmsalliance.org/content/end-year-report-2011-2012.

Everyone Rides to Support The Boys & Girls Clubs of Lee

County!

Ride, Run, or Relax on Dec 9 to support The Boys & Girls Clubs of Lee County. There will be non-competitive bike rides of 15, 30, 62, or 100 miles; a 5K fun run or a timed, competitive half marathon; and an All-you-can-eat from up to 20 restaurants. For more information and to register, visit www.everyonerides.org.



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

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FORT MYERS OFFICE

12670 New Brittany Blvd., Suite 102, Fort Myers Mon. - Fri. 8 a.m. to 5 p.m.

Listen With Care

Ancient wisdom tells us, "Everyone should be quick to listen, slow to speak and slow to become angry."

More recent research indicates that we spend about 40-45% of our waking hours listening, but only at 25% efficiency ("The Power of listening" by Dr. Tony Alessandra, Ph.D.).

A common cause of conflict is that we don't listen carefully enough – to **content** or to **emotions.** Three barriers to careful listening are our **presumption**, **impatience** and **pride**. Which is your greatest barrier?

Our poor listening consistently leads to:

- Miscommunication
- Errors
- Lower productivity and morale
- Lost customers/patients

Increased turnover

To listen with care:

- Know why you are listening
- Focus on content and the non-verbal messages
- Organize what you are hearing through observations, reflective listening and note taking
- Give your attention, if you cannot, say so
- Avoid distractions
- Avoid giving advice, moralizing, predicting the future, or asking questions
- Avoid interrupting

Listen with your heart as well as your head

Squint With Your Ears!





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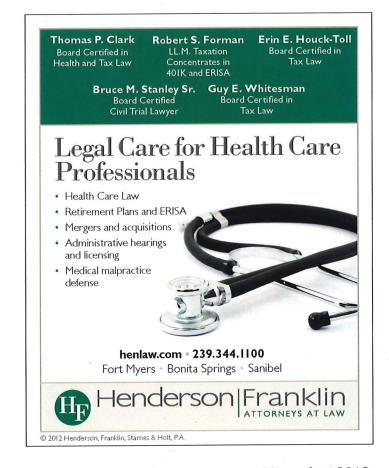


Stephen Fedec DO

Richard Davis MD

13411 Parker Commons Blvd, Suite 101 Fort Myers FL 33912 www.cardiologyconsultants-swf.com

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New CME Tracking Requirement for Physicians - CE BROKER

By: Florida Medical Association (FMA)

Changes in the Florida license renewal system will require physicians to track their CME credits in the Department of Health (DOH) online continuing education tracking system called CE Broker.

EFFECTIVE DATE: For allopathic physicians – the renewal in January of 2014

For osteopathic physicians – the renewal in March of 2015

DOH will verify each renewing physician's continuing education credits in CE Broker at the time of renewal (starting with the January 2014 renewal). Physicians will be prompted to report additional CME credits if their continuing education records are incomplete (i.e., less than the hours required of that particular licensee for that particular licensure term). CME providers in Florida have the option to report attendance data for their activities, but are not required to do so.

WHAT THE FMA IS DOING:

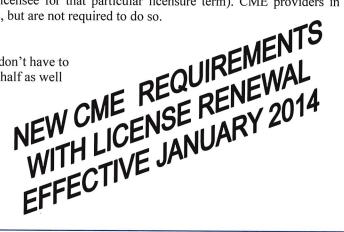
- 1. Reporting the CME credits that you earn at FMA events so you don't have to
- 2. Encouraging the CME providers we accredit to do so on your behalf as well

WHAT YOU SHOULD DO:

- 1. Choose your preferred subscription option
- 2. Collect your CME certificates and transcripts
- 3. Don't delay; start reporting your CME credits NOW

CE Broker offers three subscription options:

http://www.flmedical.org/FMA and CE Broker.aspx



Lee County Medical Society 2013 Officers

The following slate of nominations for the 2013 officers of the Lee County Medical Society was voted and approved at the November 15, 2012 Annual Membership Meeting. We welcome and thank all who participate.

BOARD OF GOVERNORS

President: Audrey Farahmand, MD (elected 2011) President-Elect: Peggy Mouracade, MD

Secretary: Shari Skinner, MD

Treasurer: Andrew Oakes-Lottridge, MD Past President: Richard Macchiaroli, MD

Newly Elected BG Members-at-Large

Trevor Elmquist, DO (2015) Paul Makhlouf, MD (2015) Viengsouk Phommachanh, MD (2015)

Previously elected Members-at-Large:

Jon Burdzy, DO (2013)
Kultar Singh, MD (2013)
Joanne Carioba, MD (2014)
Daniel de la Torre, MD (2014)
Valerie Dyke, MD (2014)
*Stephen Zellner, MD (IPALC Representative)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

LEGISLATIVE COMMITTEE

*F. Rick Palmon, MD

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS

*Kultar Singh, MD, Chair (2014) Newly Elected EJA Members: Jacob Goldberger, MD (2015) Steven Guterman, MD (2015)

Previously elected EJA Members:

Brian Kurland, MD, (2013) Craig Sweet, MD (2013) Darius Biskup, MD (2014) Andy Oakes-Lottridge, MD (2014)

DELEGATES/ALTERNATES TO THE FMA ANNUAL MEETING FMA Delegates

FMA Delegates
Cy Anderson, MD

Stuart Bobman, MD Stefanie A. Colavito, MD Daniel de la Torre, MD Valerie Dyke, MD *Larry Hobbs, MD, Chair

Raymond Kordonowy, MD Richard Macchiaroli, MD James Rubenstein, MD Shari Skinner, MD

*Committee Chairs



THE GOVERNMENT IS NO FRIEND TO INVESTIGATED PHYSICIANS

By: Jeffrey L. Cohen

Healthcare reform aside; physicians are increasingly buried under the weight of nonstop regulatory scrutiny and compliance requirements. Even the most compliant physician will find, however, that the government is no gentleman when it comes to efforts to ferret out wrongdoing.

Physicians are most commonly confronted with the regulatory process by a phone call from an investigator or perhaps a written request for information. Board of Medicine issues usually begin with the so called "45 day letter," which invites a physician suspected of wrongdoing to submit a written response to an allegation of wrongdoing. EMTALA violations are reported to the Department of Health and the Office of Inspector General, both of which will initiate contact with the physician in writing.

Though physicians may think a simple explanation will convince an investigator or attorney to back off, that is seldom the case. Physicians wrongly think that the point of such investigations is to determine the truth. They must instead accept that, once investigators and prosecuting lawyers have contacted them, there is already a belief that wrongdoing has occurred. Physicians would do well to understand that the job of the investigator and prosecutor involves just two things: (1) Seeing if the physician's response is so convincing as to cause them to reevaluate their suspicion (it seldom is); and (2) to see if they think they have enough to justify a prosecution. The investigator and prosecutor have a job, to find wrongdoing and to punish it! They are not philosophers or social workers. They are not counselors to have a really nice conversation with. They are not to be trusted because their job is at odds with physicians who are the targets (or even witnesses) of their investigations. If physicians can remember one thing, it is that they need the support of lawyers and others who know their way over this unfriendly terrain.

Innocent physicians caught in the investigative/prosecutorial process may feel impatient and frustrated. "I've done nothing wrong, so surely if I just tell the truth everything will be ok." It's just not that way; and it's just not that simple! Discussions with the government will take time and will require patience. What physicians have to keep in mind is that, though they are innocent until proven guilty, if they are targets of an investigation, the investigator and prosecutor already suspect them of wrongdoing. It's a bit of an uphill climb!

Remarkably, even the best legal representation will not necessarily resolve matters quickly. By the time physicians are aware they are being investigated, in many instances months have been spent working that case, and prosecutors are simply not inclined to immediately walk away from all that hard work.

Surprising still is that prosecutors will try to get a settlement, even when your lawyer tells you there is no wrongdoing. Recall that the prosecutor has a job—find the bad guy and win the case. If the prosecutor can get you to settle, particularly by paying money, they will call it a "win" and move on to the next case. It is nauseating but true that sometimes it makes sense to settle, even when there is no wrongdoing, given the legal and related expenses. But when settling is not an option because it causes a cascade of unacceptable consequences (e.g. a Board of Medicine investigation, a medical malpractice suit, becoming sanctioned by Medicare and perhaps even losing medical staff membership and managed care contracts), physicians have no option but to fight.

Probably most surprising, physicians who vigorously defend themselves may find that they never "win." That is, they are never told by a prosecuting lawyer that the government is giving up. Physicians who have been the targets of government investigations will find that the sound of victory is often silence. Government prosecutors simply get quiet! You just stop hearing from them.

The best physician defendant is one well armed with guidance to traverse an inherently adversarial environment.

LCMS Physicians have exclusive membership benefits with The Florida Healthcare Law Firm. Members can call the LCMS office and receive a phone number and code, that will allow then to have 15 minutes of free consultation with a lawyer on –call with The Florida Healthcare Law Firm. Please give the LCMS office a call if you have questions at 936-1645.

With over 20 years of healthcare law experience following his experience as legal counsel for the Florida Medical Association, Mr. Cohen is board certified by The Florida Bar as a specialist in healthcare law. With a strong background and expertise in transactional healthcare and corporate matters, particularly as they relate to physicians, Mr. Cohen's practice immerses him in regulatory, contract, corporate, compliance and employment related matters. As Founder of The Florida Healthcare Law Firm, he has distinguished himself and his firm for providing exceptional legal services with the right pricing, responsiveness and ethics.



Come and Show your Support!



January 18, 2013, 6:00 p.m.

Installation of LCMS Officers and the Annual Medical Service Awards
will be held at the Royal Palm Yacht Club, 2360 West First Street, Fort Myers, FL 33901
Come and share a night of celebration: Installation of 2013 LCMS Officers—
Awards to physicians and non-physicians that deserve to be recognized by their peers
And to our 2012 Life Members of 35 years with the LCMS

THANK YOU TO THIS YEARS SPONSORS



Retirement Community

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6321 Daniels Parkway Ft. Myers, Fl 33912 Contact: Chad Kappes 239-415-5013







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• Your phone number **or** a cell number that a physician can reach you by. (May not be an admin/office manager phone number.)

Your information will only be given to DocBookMD so that other physicians will be able to reach you. Once this information is received and given to DocBookMD, you will be emailed your LCMS ID number. Please call the office for more information at 936-1645.

What is DocBookMD? Smartphone platform designed by physicians for physicians

DocBookMD provides an exclusive, HIPAA-compliant professional network for on-the-go doctors to communicate, collaborate, and coordinate. Benefits to the Physician—Save time—Improve collaboration—Enhance patient care

This is a free program exclusive to members only. The LCMS uses our database for DocBookMD. Our database would need to include the physician cell phone, if one is available, and an email address. This is a HIPAA compliant, physician-to-physician program and therefore for LCMS members only. If you would like to take advantage of DocBookMD, contact the LCMS office.

DocBookMD—How Do I Register?

Call the Medical Society for your LCMS # (936-1645)

- Download for <u>FREE</u> DocBookMD from: iTunes App Store or Android Market
- 2. Click on I am new to DocBookMD
 - a. Enter your email address (the one on file with your Medical Society)
 - 1. Create a new password for DocBookMD
 - 2. Answer sponsor questions
 - 3. Complete HIPAA agreement (type full name as signature)
 - 4. Check email for verification link from DocBookMD, click to complete
 - b. If email entered above is not recognized, follow steps below
 - 1. Select Medical Society from drop-down list
 - 2. Enter Medical Society number
 - 3. Answer sponsor questions
 - 4. Complete HIPAA agreement (type full name as signature)

Now login with confirmed email and password Answer "Ok" when asked to "Push Notifications"

Send your first message!

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LCMS NOVEMBER 15TH ANNUAL MEETING

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New Members: Susan Krauter, MD Henry Venable, MD



New Member: Brian McGettigan, MD



New Member: Eric Garver, MD—Retired Trevor Elmquist, DO, HAPP, Chair



President Richard Macchiaroli, MD Speakers: Roetzel & Andress Jamie Maurer, Esq. Denise Wheeler, Esq.

LOOKING FOR PEOPLE TO SHARE

The LCMS Bulletin is looking for people to share their stories of TravelCulinary delights...... Movies.... Book & Music reviews, and stories about places you've visited with some great memories to share. We will be available to help with editing if needed. We are looking for cover photos for the Bulletin, our staff will be happy to help with your photo's. We would like to create a Member's Page where you can share things like an Alaskan cruise, a trip to Europe or a trip in the Smokey Mountains. Tell us about a book you've found that you can't put down! Maybe our readers would enjoy knowing the title so they can check it out. Share some of Greater Fort Myers restaurants and what you found intriguing that would take you back there again. Do you have an artistic talent that you would like for us to know about? A hobby that you would love to share with us? We know there is someone who wants to pick up the phone and submit something to share with everyone.......We are waiting for your call!

2014 Meaningful Use: A Gift to Providers and Vendors

The rules and regulations regarding the Stage 2 CMS EHR Incentives for both Eligible Hospitals (EHs) and Eligible Professionals (EPs) include some much needed breathing room. This is true not only for those receiving the incentives but also their vendors. At EMR Advocate (www.emradvocate.com) where we have worked with over 175 vendors on their certification projects (https://www.emradvocate.com/EMR Certification.html), this is a welcome relief. 2014 Meaningful Use is the gift that keeps on giving.

The text from CMS is simple enough: "For 2014 only: all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a three-month EHR reporting period....CMS is permitting this one-time three-month reporting period in 2014 only so that all providers who must upgrade to 2014 Certified EHR Technology will have adequate time to implement their new Certified EHR systems."

What does mean for providers and vendors?

Providers: EHs and EPs in 2014 only have to meet Meaningful Use for a three month reporting period with Stage 2 (now called 2014 Edition) software. It doesn't matter if they attested and received incentives in 2011, 2012, and 2013 or if they are required to meet Stage 1 or Stage 2 Meaningful Use based on where they are in the process. All they need is three months of Meaningful Use of 2014 Edition software in 2014. It was only a few short months ago that we were on a timeline that required EHs (deadline - July 2013) and EPs (deadline - January 2014) to be on 2014 Edition software. That is no longer the case. The deadline has now moved and EHs have until July 1, 2014 and EPs have until October 1, 2014 to begin their three month reporting period with 2014 Edition software. Of course some of the providers will be in a position to achieve in the first quarter, rather than the last, and obtain incentives much earlier.

Vendors: They are being gifted with an opportunity to achieve Edition 2014 certification and rollout to customers on a much less compressed timeline. ONC authorized te sting and certification for 2014 Edition software is expect to begin in early January 2013. The Office of the National Coordinator for Health Information Technology (ONC) has been posting waves of the 2014 Edition test procedures (www.healthit.gov/policy-researchers-implementers/2014-3dition-draft-test-methods), online and each wave is followed by a two week opportunity to submit public comment. Currently this process is ongoing and not until the test procedures are finalized will vendors have clarity on what specific functionality they will need to demonstrate during certification testing. Vendors were under the intense pressure of having to wait until the final test procedures were released, complete development, go through the certification process, and then roll out their applications to customers who would need training. EH vendors were facing having to do all this for all their customers seeking incentives by October 1, 2013. EP vendors had until January 1, 2014 to make this all happen. Thankfully, the timeline based on the "2014 Rule", is now doable. Not easy, but manageable.



LCMS Friends in Medicine

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.



LCMS FRIENDS In MEDICINE



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LCMS CALENDAR OF EVENTS 2012 & 2013

DECEMBER

3 Holiday Party
Gulf Harbour Golf & Country Club
14500 Vista River Drive
Fort Myers, Florida 33908

18 LCMS Board of Governors Meeting

FEBRUARY 2013

8-10 FMA / FMA PAC Meeting
Univ. Hilton Conference Center
Gainesville, FL

11-13 AMA National Advocacy Conference
 Grand Hyatt Washington
 Washington , DC
 19 LCMS Board of Governors Meeting

APRIL 2013

16 LCMS Board of Governors Meeting

Be a Secret Santa!

F. Lee Howington, MD & Marilyn Young, MD

are looking for an AUTOCLAVE for the SENIOR FRIENDSHIP CENTER

HAVE ONE FOR SALE? DONATE FOR A TAX WRITE OFF

> LEE—936-6963 OR MARILYN—481-2355

JANUARY 2013

AMA

3-5 State Legislative Strategy Conference Turnberry Isle Miami, Miami, FL

15 LCMS Board of Governors Meeting

18 Annual Medical Service Awards /
Installation of Officers
Royal Palm Yacht Club
2360 West First
Fort Myers, FL 33901

MARCH 2013

19 LCMS Board of Governors Meeting

21 LCMS General Membership Meeting

MAY 2013

16 LCMS General Membership Meeting

FMA

17-19 Spring Board of Governors Council Days

21 LCMS Board of Governors Meeting

LCMS Physicians:

Please be sure to hand your patients a HAPP business card, that we have provided to your office, when they talk about their positive experiences they have had with you, your practice or another member of the medical profession. Please offer your patients an opportunity to voice their experience. Have them call the Medical Society at 936-0533



Lee County Medical Society

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