

2012 Meetings and Events

LCMS General Meeting

May 17, 2012

Cypress Lake Country Club

6767 Winkler Road
 Fort Myers, FL 33919

6:00 p.m.—Social time

7:00 p.m.—Meeting

The Future of Health Care in America

Speaker:

Jonathan Fleece, Esq.

Co-Author: "New Health Age"

Sponsor:

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RSVP to:

Christi Sarlo

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President's Message

Richard Macchiaroli,

The Hidden Taxes of Obamacare



To many, it would seem that anticipated tax increases for individuals and businesses under the Obama administration have not come to fruition. Most are aware that the Bush tax cuts are set to expire after the 2012 tax year. However, this tax increase is not due to any decisive action by the current administration. Without major press coverage or fanfare, Congress and President Obama did pass a bevy of new taxes for businesses and individuals. These new taxes will originate from the Patient Protection and Affordable Care Act, also known as Obamacare. Multiple taxes are included throughout this 2,700 page law that will affect all of us, from the infamous individual mandate "tax," to increases in personal investment taxes, and higher Medicare income taxes. They phase in at different times and to some degree in an escalating fashion over several years. However, if Obamacare stands the test of the Supreme Court, many physicians and medical practices will see substantial income and revenue diverted to paying these new taxes.

For physicians, there are essentially four primary taxes that will represent the bulk of their new costs. The Medicare payroll tax begins in 2013 and will cost physicians an additional 0.9 percent on their income above \$200,000 for single filers and \$250,000 for married filers. Also beginning in 2013, will be a new 3.8 percent investment income surtax. This surtax will apply to capital gains, dividends, interest, rents, royalties, and passive investments, and is in addition to any other income tax you will pay. The infamous individual mandate excise tax will be phased in between 2014 and 2016. This tax is unlikely to affect physicians, who are mostly insured. However physicians who choose not to carry medical insurance will ultimately have to pay 2.5 percent of their adjusted gross income. Also in 2013, your medical flexible spending account will be capped at \$2,500 and can no longer be used for over the counter medication purchases.

From the employer standpoint, for those who own medical practices, there are two important new taxes. The employer mandate tax will charge the employer a \$2,000 tax per employee if they do not provide health insurance. The upside to this is that it only applies to practices or businesses with 50 or more employees. If you do choose to provide your employees with a lavish or "Cadillac" health plan there will be a new excise tax on comprehensive health plans starting in 2018. You may have realized that in 2011 you were required to start reporting the cost of employee insurance on their W-2. This act was a precursor to the imposition of this new 40 percent excise tax.

In addition to these, there are numerous other taxes including a higher threshold for personal medical itemized deductions, and taxes on medical device makers, drug companies, insurers, and charitable hospitals. The list is seemingly endless.

From the individual standpoint, these taxes will likely cost a physician from thousands to tens of thousands of dollars depending upon their personal situation. Much more difficult to predict will be the cost to medical practices, which will likely ultimately cost the physician as well.

Physicians want to provide access to care to all patients in need of medical services. However, Obamacare, with these new taxes and the previously described Independent Payment Advisory Board, will ultimately change the practice of medicine forever in a way that will be deleterious to patients and physicians. We can only hope that the Supreme Court will understand this and strike down this law before more of its provisions get implemented.

Inserts

Flu Coalition

May Meeting Notice

Writing Resolutions

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LCMS General Membership Meeting
Thursday, May 17, 2012
6:00 p.m.—Social time
7:00 p.m.—Dinner
Cypress Lake Country Club
6767 Winkler Road
Fort Myers, FL 33919

LEE COUNTY MEDICAL SOCIETY BULLETIN

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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

Cayce Jehaimi, MD
15901 Bass Road, #102
Fort Myers, FL 33908
Tel: 343-9890

New Practice

Robert P. Casola, DO, PA
13710 Metropolis Ave., Ste 104
Fort Myers, FL 33912
Tel: 444-2200

Resigned

William R. Bess, Jr., MD
Moved to Virginia
David Sudderth, MD
Sergio Vignali, MD



**2012
FMA
Annual Meeting**

**July 27-29
Boca Raton Resorts
Boca Raton, FL**

Physicians in the News

Area Cataract and LASIK Specialist Jonathan M. Frantz, MD, FACS, medical director of The Center for Laser Vision Correction has been selected for the Best of Fort Myers Award in the Physicians & Surgeons category by the U.S. Commerce Association (USCA). This is the first year that a business has qualified as a Five-Time Award Winner.



New Applicants

Timothy Kerwin, MD— Dr. Kerwin received his MD degree from Emory University of Medicine, Atlanta, GA 1999-2003. He completed his residency at Emory University Hospital, Atlanta, GA 2003-04. Dr. Kerwin did a fellowship with Kaiser Permanente, Los Angeles, CA 2004-08. He is in group practice with Premiere Oncology, 955 10th Ave, North Naples, FL 34102—Tel: 239-325-1440.



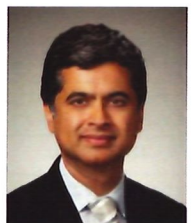
Matei Andreoiu, MD— Dr. Andreoiu received his MD degree from University of Western Ontario, London, Ontario, Canada 1999-2003. He completed his residency at University of Manitoba, Winnipeg, Canada 2003-2008. Dr. Andreoiu completed a fellowship at Indiana University, Indianapolis, IN 2008-2010 and a fellowship with Cleveland Clinic Florida, Weston, FL 2010-2011. He is in group practice with Florida Specialists in Urology, 7335 Gladiolus Drive, Fort Myers, FL 33908—Tel: 239-689-6677.



Nuruddin Jooma, MD— Dr. Jooma received his MD degree from Tulane University School of Medicine, New Orleans, LA 1997-2001. He completed his residency at Tulane University School of Medicine, New Orleans, LA 2001-2004. Dr. Jooma completed a fellowship at Baylor College of Medicine, Houston, TX 2005-2008. He is in group practice with Premiere Oncology, 4571 Colonial Blvd, Fort Myers, FL 33966—Tel: 239-325-1440.



Jay Wang, MD— Dr. Wang received his MD degree from University of Southern California, Keck School of Medicine 1998-2002. He completed his residency at Baylor College of Medicine, Houston TX 2002-2005. Dr. Wang completed a fellowship at Baylor College of Medicine, Houston, TX 2005-2008. He is group practice with Premiere Oncology, 4571 Colonial Blvd, Fort Myers, FL 33966—Tel: 239-325-1440.



Janet Sperry, MD— Dr. Sperry received her MD degree from University of Miami Miller School of Medicine, Coral Gables, FL 1999-2003. She completed her internship at Jackson Memorial Hospital, Miami, FL 2003-2004. Dr. Sperry did a residency at Jackson Memorial Hospital, Nuanum /fK 2004-2008. She is in group practice with Premiere Oncology, 4571 Colonial Blvd, Fort Myers, FL 33966—Tel: 239-325-1440.



As I Recall...

Roger D. Scott, M.D.

ANTIQUE “MODERN” SURGERY

Upon opening my office on July 1, 1958 for the practice of General Surgery I felt that I had been well trained in this field to be released upon the citizens of Fort Myers, but I must admit that by today's standards, this was the beginning of an **antique "modern" surgical** practice. I had made it through four years of the fifth oldest medical school in the United States, a general rotating internship (A little bit of experience in a lot of the branches in medicine convinced me that becoming a surgeon was absolutely my greatest desire, and after all the subsequent years I still feel the same!), one year of general surgery residency, two years as chief of surgery and the only "specialist" at a United States Air Force hospital, and finally three more years of general surgeon residency (chief the last year). We were never taught anything about the complexities of private practice and the management and economics of an office therefore I had not been prepared for this contingency of practice. The only other surgeon in town didn't want me to come to town and therefore was no help whatsoever. I really felt "alone in the woods". Do no harm was fixed in my brain, and even with the good training that I had undergone, I still was scared of making a mistake in doing the wrong thing with the patients. Even as the years passed "Do no harm" remained foremost with me.

There were only a few diagnostic test available such as complete blood counts, urine analysis, a minimal number of the multitude of current test performed on blood and its components that are available today, x-rays and fluoroscopy mainly chest, abdominal flat and erect, barium enemas, upper GI series, intravenous pyelograms and of course the bony structures. Histories and physical examinations were most important combined with the limited diagnostic studies.

These were the days of explosive anesthetics so everything and every person in the operating room had to be "grounded" to prevent static electricity from creating a spark leading to an explosion. All persons in the operating room had carbonized rubber sole shoes with a brass stud in the heel making a connection from the heel to the floor for grounding of the individual. (Come to the museum someday and see my old bloodstained operating shoes. Who would have ever believed these shoes would become historical?!). You may be surprised to learn that the current Cleveland Avenue Lee Memorial Hospital has a "blowout room" in the operating suite where the explosive anesthetics were stored when not in use. The walls were extra-thick in that room except for the outer wall which was extra thin and would hopefully be the one to give way for protection in the event that the anesthetics exploded. Now that room has been modified to be a simple storage room, and grounding in the operating suite is no longer required thus allowing the use of cauteries and open electrical devices. Previously all bleeding blood vessels had to be ligated, but now can be cauterized, ligated or clipped. Dissection of tissues can be performed with the cautery thus saving a great deal of time. The number of not unusual operative cardiac arrests were greatly decreased with the use of improved non-explosive anesthetic agents, monitoring devices, and recovery rooms, and the appearance of anesthesiologists so that cardiac arrests are extremely rare today. Another less frequent happening was wound dehiscence, the partial or complete break down of the surgical wound (incision) in the early postoperative period. This is rarely seen today I think due to improved anesthetic agents that do not create such a violent immediate postoperative recovery and to perhaps improved sutures or clips used in wound closure.

In the early days of my practice, there were multiple types of sutures such as dissolvable catgut (plain or chromic) now largely replaced by synthetic materials. The non-dissolvable sutures such as silk, cotton, linen, wire and various other substances such as horse hair and kangaroo tendon are also now largely replaced by synthetic materials or metal staples. The old methods of cleaning and sterilizing (mainly boiling, steaming or soaking in antibacterial solutions) are replaced by electron beam and the mass use of disposable equipment. It used to be that we had no disposable instruments, but now there are many such even very complicated ones in use.

It was thought that duodenal or gastric peptic ulcers were due to excess acid formation and were treated first by antacids until one of five complications requiring surgery ensued: chronicity, bleeding, obstruction, perforation, malignancy. Various types of surgery were performed over the years with a partial gastrectomy (removal of 65 to 75% of the stomach and reconnection to the small intestine) being quite a common operation. I guess in my heyday I did probably 30 to 40 or more gastrectomies per year! On a very obese person this was a killer operation on the surgical team, and in fact the obese body is more difficult surgically and time-consuming than on a thin person. Well now after decades perhaps some of you will recall that Tagamet appeared on the market and during its first year of existence the number of gastrectomies or other ulcer surgeries decreased by about fifty per cent. Today with the new knowledge of etiology and treatment with proton pump inhibitors there are rarely any peptic ulcer surgeries performed, and most gastrectomies are performed for malignancies.

As a general surgeon I did do nose and throat, chest, pediatric, endocrine, orthopedic, vascular, plastic, colo-rectal, hand, hernia, abdominal, gastrointestinal and other surgeries until sub-specialists came to town that I felt could do a better job than I. There were four OB/GYN specialists, two urologist, and one ophthalmologist already in practice, and I did not do procedures that were covered by their fields of practice. I did do emergency neurosurgery such as elevation of depressed skull fractures, trephination and the evacuation of hematomas only in critical patients who could not be safely transferred by ambulance to Miami and after the patient's family being fully informed and understood that I was not a certified neurosurgeon, but would do the best I could.

The development of fiber optics changed medicine and surgery so very much. Previously the rigid metal diagnostic instruments had a rather weak small light bulb on their tip making the passage and visualization into a body space less than desirable. The fiber optics allowed the bending of the light to the tip of the instrument and in addition the instruments were mostly rubber or plastic encased and more flexible in and around the corners. Another major advance was digital recording.

I believe it was about 1985 when I first saw the fiber optic lit laparoscopic gallbladder removal presented at a surgical meeting, and I thought it was a fad, but by 1990 it was becoming the preferred method for removing the gallbladder. So in 1990 I learned how. The procedure was made possible by the creation of a completely new line of surgical instruments.

Incidentally, we have many of the "tools of the trade" preserved in the Museum of Medical History. Should you be interested in touring the museum at odd hours or days, I would be happy to open the door for you. Please call Lee County Medical Society for my number if you desire special hours.

June 2012 marks my 61st anniversary as a physician.

The Florida Board of Medicine Message from the Chair

Jason J. Rosenberg, MD, FACS

I wanted to take this opportunity to update you on some important changes on the Board of Medicine and in the Department of Health. Since my last Message from the Chair, Governor Scott has made two appointments to the Board of Medicine, and our state Surgeon General has stepped down from his position following the legislative session.

Dr. Onelia Lage—a former board chair and a pediatrician from Miami—has been reappointed for a four-year term. Also appointed to the board for a four-year term is Dr. Magdalena Averhoff, a gastroenterologist from Miami. I welcome Dr. Lage back and will continue to rely on her leadership and assistance as the year continues. I also look forward to working with Dr. Averhoff and appreciate her willingness to continue to serve her profession in this significant new role.

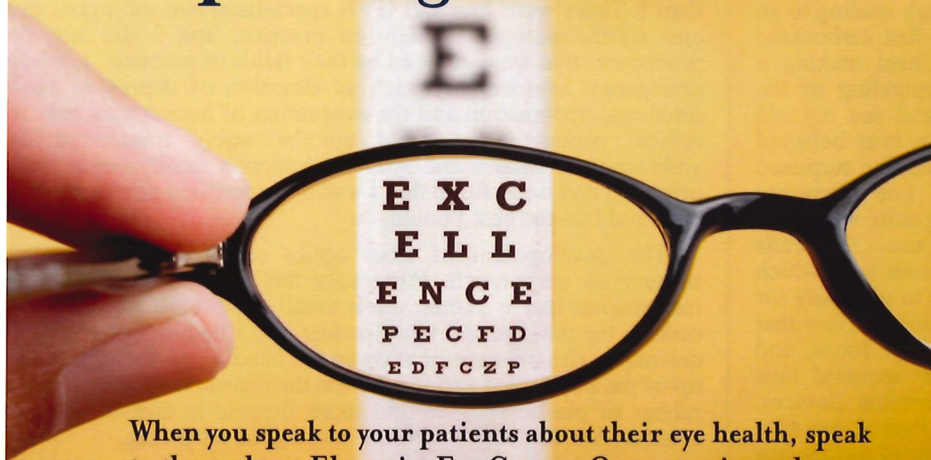
I would like to thank Dr. Trina Espinola—an otolaryngologist from St. Petersburg—for over four years of service to her fellow physicians and licensees. Dr. Espinola was a distinguished leader on our board and a tireless advocate for the safe practice of medicine in our state. She will be missed, but she will continue her lifelong service of medicine as the Chief of Staff at Bayfront Medical Center in St. Petersburg.

Also of note, our State Surgeon General, Dr. Frank Farmer has stepped down from his post effective this month following the legislative session. During Dr. Farmer's tenure, he was able to make significant contributions to the process by which Emergency Suspension Orders are issued in Florida. He also worked tirelessly to address the "pill mill" crisis in our state. Along with colleagues in the legislature and the executive branch, a great deal of progress has been made, and we are all safer for it. Dr. Farmer's highest priority has always been the safety of Florida's citizens, and his work on these two important initiatives will be another significant chapter in his distinguished career in public service. On behalf of the Board of Medicine, I salute his many contributions to the medical profession, and to the people of Florida.

Working to improve our board structure, we have added a new standing committee—the Communication, Information and Education Committee. Chaired by consumer member, Ms. Brigitte Goersch, this committee will work to help the board more effectively communicate with our licensees. We recognize that the active practice of medicine is a full time job; knowing the requirements to comply with the medical practice act should not be. Our goal is to inform our licensees of their legal requirements in the most efficient way, freeing you to do what you do best, to provide quality care to your friends and neighbors in your community.

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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.



Would like to take this opportunity to thank all of its participating physicians for an outstanding 2011!

Because of your compassion, willingness and dedication in helping those who are uninsured here in our community over 350 Lee County residents received services that would otherwise not have been available to them.

None of this would have been possible without our Community Partners and Physicians like YOU.

For this we thank you for an **AMAZING 2011!**

Over 150 Specialty Care Physicians helped "Share the Care" for these Lee County residents that were served, and all 150 + Physicians while being protected under Sovereign Immunity, also received their **CME's** for their services.

We currently have over 280 Specialty Care Physicians participating at this time, if you are **NOT** one of them then contact Paul Whitear @ 239-233-2381 to see how **YOU** can help make a difference in your community. All physicians at some point end up with uninsured patients who have no means to pay, why not see them through The We Care Program with Sovereign Immunity whilst earning your CME's.

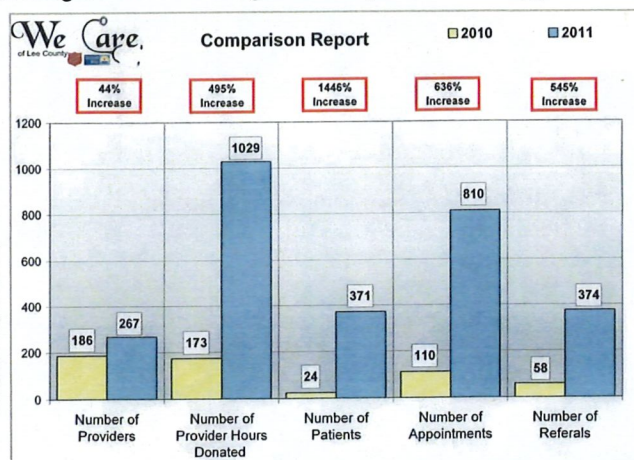
Thank You!!

Your continued efforts and support are truly appreciated.

Sincerely,

The We Care of Lee County Staff

STATS	2010	2011	2012
Total Value of Donated Care	\$672,756.34	\$3,813,208.58	\$83,399.50
Total Number of Providers	186	267	271
Total Hours Donated by Providers	173	1133	207
Total Number of Patients	24	371	415
Total Number of Appointments	110	864	182
Total Number of Referrals	58	385	81



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E-Prescribing Update:

File for Hardship Exemption by June 30 to Avoid Penalties

By [News Staff](#), *aafp* (American Academy of Family Physicians) **NEWS NOW**

Physicians who provide health care services to Medicare beneficiaries but who are not yet successfully prescribing electronically have until June 30 to [request a significant hardship exemption](#) that would exclude them from the 2013 penalty related to CMS' electronic prescribing (e-prescribing) incentive program. In a recent edition of [MLN Matters](#) (7-page PDF; [About PDFs](#)), CMS reiterated that it could exempt individual eligible physicians and group practices from the 2013 payment adjustment "if it is determined that compliance with the requirement for being a successful electronic prescriber would result in a significant hardship."

Physicians can apply for a hardship exemption if they

- are unable to e-prescribe because of local, state or federal regulations;
 - experience limited prescribing activity;
 - have insufficient opportunity in their practice setting to use the required CPT codes;
 - practice in rural areas with limited high-speed Internet access; or
- work in areas where few pharmacies have implemented e-prescribing.



Steven Waldren, M.D., director of the AAFP's Center for Health IT, noted that physicians who were not able to demonstrate their e-prescribing capabilities by June 2011 already are experiencing a 1 percent reduction in their 2012 Medicare payments.

To avoid receiving the 2013 penalty -- a 1.5 decrease in Medicare payment -- physicians have until June 30 to either request an exemption or report the "G" 8553 code signifying e-prescribing for at least 10 billable Medicare Part B services provided between Jan. 1, 2012, and June 30, 2012.

"For each penalty year, physicians must demonstrate that they are e-prescribing by June 30 of the prior year," said Waldren.

He encouraged family physicians who qualify for a hardship exemption to apply for one in a timely manner. However, he also urged physicians who have the capacity to e-prescribe to give the technology a try.

"The Academy has gotten good feedback from members about the benefits of e-prescribing," said Waldren. For example, family physicians who prescribe electronically appreciate the speed and safety the technology provides.

Waldren pointed out that physicians still have plenty of time to embrace e-prescribing and prevent a reduction in their Medicare payments in 2014, when the penalty assessed will equal a 2 percent pay cut for covered Medicare professional services.

Although there is no formal appeal or review process for physicians who have been assessed the e-prescribing penalty in 2012, CMS urges physicians with questions about their individual situations to [e-mail](#) the QualityNet Help Desk or call (866) 288-8912 Monday through Friday from 7 a.m. to 7 p.m. CDT.

According to CMS sources, all questions about e-prescribing penalty payment adjustments and hardship exemption decisions will be handled on a case-by-case basis.

CMS (Center for Medicaid and Medicare Services) has confirmed that the QualityNet Help Desk is now prepared to take calls from physicians on the Medicare e-prescribing penalty. We understand that physicians have already attempted in the past few weeks to contact the Help Desk to discuss their individual situation which resulted in a 2012 penalty, but in many cases were turned away. CMS has been working diligently with the Help Desk to ensure that a physician's case is adequately reviewed. CMS wants physicians to know that the issues they are having are being examined.

As CMS has indicated late last week, although there is no formal appeals or review process for the e-prescribing penalty, they encourage physicians with questions or concerns about their penalty and / or hardship exemption request to contact CMS' QualityNet Help Desk as soon as possible. CMS is handling all penalty and / or hardship exemption requests and any questions or concerns on a case-by-case basis.

Physicians should continue to contact the QualityNet Help Desk if they have issues relating to the e-prescribing penalty. If a physician has previously contacted the QualityNet Help Desk and their case has been resolved to their satisfaction, the physician does not need to contact the QualityNet Help Desk again.

The QualityNet Help Desk can be reached M-F; 7:00 am – 7:00 pm CMT at 866-288-8912 or via email at qnetsupport@sdps.org.

NOTE: If a physician continues to experience problems with the Help Desk, CMS is encouraging physicians to email their concerns directly to Medicare at eRx_hardship@cms.hhs.gov.

Alliance News

Mariquita Anderson, LCMS Alliance President

LCMS ALLIANCE BOARD MEETING

Our next Board meeting is Wed, May 2 at 5 PM in the LCMS office. All are welcome! Please RSVP to Mariquita Anderson at lcmsa@lcmsalliance.org.



IMMUNIZATIONS

Now that Spring Fling is over, we will be concentrating on our Immunizations program. We encourage all family care practices to use the **Florida Shots** registry. All of the public schools and student assignments can access this database to determine whether students are up to date with their immunizations.

The most current data states that 81.3% of current Sixth Graders in Lee County Public Schools are missing their Tdap shots. If these students still do not have their Tdap by the first day of school in Seventh Grade, they will be required to wait in the gym until a parent picks them up from school. In addition, they must stay out of school until they receive their Tdap.

If you would like to help or if you have suggestions to keep these students in school, please email Mariquita Anderson at lcmsa@lcmsalliance.org.

WANTED: SOCIAL CHAIR

We'd like to thank Cy Anderson for serving as the Alliance's Social Chair for the past two years. Now we need a new one! If you're interested, please contact Mariquita Anderson at lcmsa@lcmsalliance.org

POTLUCK IN PARADISE: SAVE the DATE!
September 29, 2012, 7 - 10 PM, Location TBA



Wells Fargo Business Banking met with LCMS physicians offering financing information on purchasing medical equipment. More opportunities are available. If you are interested, please call the LCMS Office to schedule a time.



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LCMS Group Purchasing Update Discounts with AT&T, Medical Supplies, and Office Supplies



Have an Iphone or Ipad? Members of Lee County Medical Society and their employees are now eligible for a **24%** discount off of their AT&T bill through our group purchasing program.

Want medical supplies for less? Through our group purchasing program, Members of Lee County Medical Society can now purchase medical supplies through **PSS (Physicians' Sales & Service)** at discounted prices. My office has found this pricing schedule to be more heavily discounted than Summit, Blue Medical, and McKesson. And, through our program, they are willing to price match.

Remember- Members of Lee County Medical Society are entitled to discounts of **65%** off of list price at **OfficeMax**. Also, through our program, they are willing to price match.

To take advantage of this opportunity, you need to sign-up with VHA. Please contact the Medical Society for more information at 936-1645.

Contact the LCMS office at 239-936-1645 to get started.

Audrey Farahmand MD, Chair
Lee County Medical Society.

ELECTRONIC DEATH REGISTRATION SYSTEM

The **Bureau of Vital Statistics** is currently implementing the e-Vitals Electronic Death Registration System (EDRS) in the Medical Examiner Districts across the state of Florida. Death records are essential for just administration of our law and for the protection of individual rights. In addition, the statistical data from these records are of great value to public health and other agencies.

The need for accurate statistical data on the causes of death was instrumental in establishing the Electronic Death Registration System. Before today, the process of registering and recording a death was a slow and laborious paper process, requiring travel to and from the local county Health Department along with the record having to pass through multiple units within the county and state offices.

EDRS has simplified this process by allowing funeral directors to initiate a death registration directly to the state database. Along with online medical certifiers, the entire registration process has been reduced from several weeks to just a few days, in most cases.

Getting Started with EDRS ♦ Gaining Access to EDRS ♦ FAQ Reference and Resources ♦ District Implementation ♦ Contact Us ♦ Ask A Question (http://www.doh.state.fl.us/Planning_eval/Vital_Statistics/EDRS/FAQ.htm)

Informational Brochures

The **Bureau of Vital Statistics** has several good informational brochures. The most popular are listed below;

[Electronic Death Registration System Brochure](#)

[Cause Of Death Brochure](#)

[What The Physician Should Know Before Signing The Death Certificate Brochure](#)

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HHS Seeks Physician Comments on Meaningful Use Rules

The Federal Health IT office is opening up stage 2 regulations about EMRs to public scrutiny and wants both positive and negative input.

By [Pamela Lewis Dolan](#), amednews staff.

Las Vegas -- Steven Posnack likens the rule-making process and importance of public comments to the TV show "American Idol."

"Every once in a while, the fan favorite is voted off because everyone thought they were safe and so they don't vote for them," said Posnack, director of federal policy for the Office of the National Coordinator for Health Information Technology.

In the rule-making world, he said, good policy can be eliminated because people don't express their satisfaction with what they like. This is why the Dept. of Health and Human Services' Centers for Medicare & Medicaid Services and the ONC hope people in the health information technology world -- including physicians -- will take the time to read the proposed stage 2 meaningful use rules and express their opinions, both good and bad.

The public has 60 days from the date of the rules' publication in the *Federal Register* on March 7 to submit comments. The ONC and CMS are soliciting public feedback that includes both likes and dislikes. That will help formulate the final stage 2 regulations, which are expected to be released in the summer.

The proposed rules were unveiled before official publication during the annual Healthcare Information and Management Systems Society meeting in Las Vegas in February.

There are two sets of rules. One is the "Medicare and Medicaid Electronic Health Record Incentive Program-Stage 2" from CMS that details how physicians are to use their electronic medical records systems. The other is the "Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition" from the ONC. That rule explains certification criteria for the systems used to meet meaningful use.

Comments to the proposed rules can be submitted one of four ways: electronically, regular mail, express mail or hand-delivered in person. Posnack said the preferred method is electronic. Commenters can visit the *Federal Register* website and search under the name of each set of rules (www.regulations.gov). Next to each title is a link that goes to a comment page where free text can be entered and supporting documents can be attached.

The proposed CMS rules include an extension to the attestation period of stage 1 through 2013, a change the government says was made due to the comments asking for more time.

The stage 2 rules made many of the menu (optional) objectives from stage 1 mandatory for stage 2 and increased the reporting thresholds for core (mandatory) stage 1 objectives. The proposed rules offer flexibility by including quality reporting requirements specific to certain specialties. They contain more scope-of-practice exemptions for specialists.

"What you do agree with really makes a significant impact, more so than the things you may disagree with because ... it's hard for us to tell when we have silence for what we thought was a pretty great proposal," Posnack said.

How to submit comments on meaningful use

The Dept. of Health and Human Services' Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health Information Technology prefer that comments on the proposed meaningful use stage 2 requirements be made online (www.regulations.gov). But the public can submit comments in three other ways:

Regular mail: Comments can be sent to Centers for Medicare & Medicaid Services, Dept. of Health and Human Services, Attention: CMS-0044-P, P.O. Box 8013, Baltimore, MD 21244-8013.

Express mail: Centers for Medicare & Medicaid Services, Dept. of Health and Human Services, Attention: CMS-0044-P, Mail Stop C4-26-05, 7500 Security Blvd., Baltimore, MD 21244-1850.

Hand delivery or courier: In Washington, deliveries can be made to Centers for Medicare & Medicaid Services, Dept. of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Ave., SW, Washington, DC 20201. In Baltimore, deliveries can be made to Centers for Medicare & Medicaid Services, Dept. of Health and Human Services, 7500 Security Blvd., Baltimore, MD 21244-1850.

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Q

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Q

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The LCMS offers to their members various packets of information to assist in relocation, closing a practice or when you've decided to retire, along with everyday questions to help keep your practice running smoothly.

Q

My office needs information on how to help communicate with patients that speak foreign languages.

A

The LCMS provides a list of physicians / Staff that speak foreign languages and a list of organizations that help provide translators.

Q

I'm a new physician to the area and how would I make acquaintances with other physicians?

A

The LCMS has a Mentoring Program. We pair up new physicians to the area or to the LCMS with a mentoring physician. They help the new physician acclimate to their new professional environment and medical association. This benefits both physicians with referrals and in friendships.

Q

I need some legal advice with my medical practice, can you help me?

A

The LCMS has a program called Attorney on Call. Attorneys return calls quickly and will speak with an LCMS Member for 15 minutes free of charge on many subjects.

Q

Do you have questions about your membership?

A

*Please contact the LCMS with questions about your membership. We will place some questions in our Bulletin to help our members learn what benefits they have with the LCMS. Visit our Website at www.lcmsfl.org, select **CONTACT** and send us your question today!*

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The LCMS has many committees and encourages your involvement. The LCMS Legislative Delegates attend the Annual FMA Meeting each year to rally for medicine. Please call 936-1645 for more information.

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