

2010 Meetings and Events

**General Membership Meeting
Nomination of LCMS Officers**

**Thursday, November 18, 2010
6:30 p.m. - Social Time
7:00 p.m. - Dinner**

**Gulf Coast Medical Center
Community Room
13681 Doctors Way
Fort Myers, FL 33912**

Speaker: Jeffrey Cohen, Esq

**Sponsored by
Hill, Barth & King**

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



**SAVE THE DATE
December 6, 2010
for the**

**LCMS Holiday Party
at the
Gulf Harbour Golf & Country Club**

Inserts

- November General Meeting
- Neurology & Spine Center Ad

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President's Message

Stay Optimistic

Craig Sweet, MD



Medicare Patient Empowerment Act:

The AMA drafted legislation called the **Medicare Patient Empowerment Act**. It proposes that physicians be allowed to contract individually with Medicare patients for their medical care. Medicare would then reimburse the patient, or the assigned physician, whatever Medicare feels is reasonable and customary with *the remaining balance of the bill paid by the patient*. Emergency care and Medicaid patients would be excluded from this process. It is uncertain if the House or Senate will eventually sponsor the bill, but if someone takes up the fight, it will be essential that all of us support the process.

The government cannot afford to continue to pay for healthcare. Those that are consuming health care services should pay for at least a segment of their care. Patients who continue to pursue unhealthy lifestyle choices, thereby worsening their medical condition, will ultimately be financially accountable. With the SGR reductions looming, it becomes crucial that physicians be reimbursed above inadequate Medicare rates or access to care will suffer. If the government continues to try to fund Medicare, inevitable decreases in reimbursement will continue finally hitting bottom with rationing of care necessary to further control costs. Please support the **Medicare Patient Empowerment Act** and give power back to the patients to allow them to determine the source and costs of their medical care letting free market forces guide the process.

Accountable Care Organization (ACO):

We will be hearing and reading a great deal about Accountable Care Organizations (ACO). An ACO is an organization of groups of providers, with primary care physicians central to the process, working together to coordinate care for Medicare beneficiaries. IPALC is leading the process in the community although the hospital has its own goals. In reality, the hospitals may be ill designed to coordinate the care (i.e., fox in the hen house problem). Please take the time to understand this new process and attend educational seminars when offered. If this

little "uncontrolled experiment" actually works for Medicare, I suspect that private payers will follow.

Health Information Technologies (HIT):

In order for us to track patient care outcomes and costs, a necessary segment of a functioning ACO, we will have to embrace Health Information Technology (HIT). IPALC has some great ideas while the hospital is also offering their own solutions. I do suggest, however, that you delay the purchase of any HIT hardware/software until the SGR issue is settled. There are also some very cost-effective options out there that do not require the estimated 50K expenditure per clinician to set up to say nothing of maintenance fees. If an educational meeting is provided here in the community, I strongly suggest that you send someone from your practice to attend. Embrace HIT as it is coming no matter what we do. If we are "not at the table, we will be on the menu" cliché comes to mind.

SGR Update:

You may be aware that the SGR cuts are slated to take effect on 12/1/2010 with a 23% reduction of reimbursement potentially followed by an additional cut of 6.5% one month later. The AMA and FMA will undoubtedly guide all of us once the Fall elections are complete. We here at the LCMS will do what we can but political capital has been spent over this past year and it is entirely uncertain if Congress is even listening anymore. We are developing a "white paper" offering suggestions on how to survive the cuts. We will ask medical leaders in our community to contribute to this survival guide and I encourage you to provide constructive solutions. Please send these to Ann Wilke at awilke@lcmsfl.org or by legible fax, 936-0533.

Opportunities Abound:

Remember to stay involved, knowledgeable and optimistic. Tremendous opportunities do lie ahead for those who will be prepared. Until next month - Craig R. Sweet, M.D., President, LCMS

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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 Practice

Thomas C. Morell, MD (Opening in Nov)
Neurology and Spine Center
3501 Health Center Blvd Ste 2140
Bonita Springs, FL 34135
Tel: 239-949-9000 Fax: 239-949-9020

Relocated

Rolando Rivera, MD
Specialists in Urology
4571 Colonial Blvd.
Fort Myers, FL 33966
Tel: 239-322-5600 Fax: 239-322-5610

Corrections

We would like to apologize to **Valerie Dyke, MD** and **Mary Magno Mouracade, MD**. Drs. Dyke and Mouracade served as Delegates to the FMA Annual Meeting. They were not attributed in the Delegates picture in the September 2010 Bulletin. Thank you Drs. Dyke and Mouracade for serving as 2010 Delegates to the FMA.

New Member Applicants

Joseph Ghitis, MD — Dr. Ghitis received his MD degree from University of Texas Medical Branch, Galveston, TX in 2003. He completed his internship at Mercy Hospital, Pittsburgh, PA (2003-04); residency at Medical College of Virginia, Richmond, VA (2005-09) and fellowship at Jackson Memorial Hospital, Miami, FL (2009-10). Dr. Ghitis is Certified by the American Board of Radiology in Diagnostic Radiology. He is in group practice with Radiology Regional Ctr, 3680 Broadway, Ft Myers, FL 33901 - Tel: 239-936-2316.



Ritchie A. Fevrier, MD — Dr. Fevrier received his MD degree from Temple Medical School in 2002. He completed his internship at Westchester Medical Center, Valhalla, NY (2002-03); and residency at St. Luke's Roosevelt - Columbia University, New York, NY (2003-06). Dr. Fevrier is certified by the American Board of Anesthesiology. He is in group practice with Medical Anesthesia and Pain Mgt Consultants at 4048 Evans Ave, Ft Myers, FL 33901 - Tel: 239-332-5344.



Medina C. Kushen, MD — Dr. Kushen received her MD degree from University of Minnesota Medical School in 2005. She completed her internship at William Beaumont Hospital, Royal Oak, MI (2005-06); residency at University of Chicago Hospitals, Chicago, IL (2006-07) and a fellowship at Thomas Jefferson Univ Hospital, Philadelphia, PA (2007-10). Dr. Kushen specializes in Nuclear Medicine. She is in group practice with Radiology Regional Ctr, 3680 Broadway, Ft Myers, FL 33901 - Tel: 239-936-2316.



Ramon J. Pabalan, MD — Dr. Pabalan received his MD degree from State University of NY in 1979. He completed his internship/residency at University of Cincinnati, Cincinnati, OH (1979-82) and residency at University of Florida, Jacksonville, FL (1982-84). Dr. Pabalan is certified by the American Board of Emergency Medicine. He is in practice with Cape Coral Emergency Physicians, PO Box 151368, Cape Coral, FL 33915.



Silvia Romero, MD — Dr. Romero received her MD degree from Universidad Peruana Cayetan Heredia in 1994. She completed her internship/residency at Henry Ford Hospital, Detroit, MI (1995-98) and fellowship at H. Lee Moffitt Cancer Ctr, Tampa, FL (2002-05). Dr. Romero is certified by the American Board of Internal Medicine in Medical Oncology. She is in group practice with Florida Cancer Specialists, 811 Del Prado Blvd, Cape Coral, FL 33990 - Tel: 239-772-3544.



Maximo J. Santiago, MD — Dr. Santiago received his MD degree from University of Florida in 2004. He completed his internship at Carilion Roanoke Memorial Hospital, Roanoke, VA (2004-05); residency at St. Vincent's Hospital, New York, NY (2005-09) and fellowship at Jackson Memorial Hospital, Miami, FL (2009-10). Dr. Santiago is certified by the American Board of Radiology in Diagnostic Radiology. He is in group practice with Radiology Regional Ctr, 3680 Broadway, Ft Myers, FL 33901 - Tel: 239-936-2316.



William Silverman, MD — Dr. Silverman received his MD degree from Tufts University School of Medicine in 1959. He completed his internship/residency at Boston Floating Hospital, Boston, MA (1959-62). Dr. Silverman is certified by the American Board of Pediatrics. He retired after 32 years of private practice in New Jersey.



As I Recall...

Roger D. Scott, M.D.

Nurses Notes Part I

During the many years of practice in the hospital, the first thing in the patient's chart I would look at was the **Temperature Pulse Respirations** sheet. The second thing was the **Nurses Notes** for it was my feeling that the nurses were close to and knew more about the patient than anybody else. This series of articles are from personal **Nurses Notes** received as a consequence of my requesting information to be preserved by the Museum of Medical History regarding their training etc. along with their graduate picture (If possible) and their cap if they still had one. I'm sure you're aware that caps and uniforms are out of vogue today having been replaced by "scrubs" and are therefore historical. *(Comments like these are also mine.)*

Isabel B. Walloga Wood, BS, R.N. graduated from the Niagara University School of Nursing (N.Y.) in 1959 and held positions in Public Health for six years, school nursing for four years, teaching and practical nursing in Niagara Falls school system for four years. She was a staff nurse at St. Mary's Hospital in Niagara Falls, Lewiston, New York for ten years before coming to Ft. Myers as a staff nurse at Southwest Regional Medical Center for six years full-time and ten years part-time. She taught several semesters at Edison Community College Nursing Program before retiring in 1992. Isabel donated two caps (one unfolded and starched flat and the other starched and folded into her cap), a white nurse's jumpsuit (This new type uniform became available in 1970 and reportedly gave greater freedoms for many tasks), cape, and her nursing pin all of which are displayed on a mannequin at the Museum. She died about a year after making this donation but she is now remembered!

In 1962, **Marjorie Matturro, R.N.** ironically also graduated from Niagara University and has been kind enough to donate her cape, cap, pin, class picture and more information. She states "My time there was four academic years and we were the last class to have to stay through two summers (which we all disliked greatly.). After I graduated I worked for 37 years in all areas with my first job being in an intensive care unit (ICU), a new concept at that time. I did psychiatry, school nursing, home nursing, drug testing, emergency nursing, and 22 years in Pediatric Office Nursing. I am honored to be able to contribute to your museum and I appreciate the opportunity to be part of your work."

Edna Jane Peeples, R.N. writes "Jackson Memorial School of Nursing began in 1920 and was the largest in the state when I entered nurse training in August 1948 for the class of 1951. The Nursing Director, Alice Mustard, R.N. etched into our minds 'Yours is not to reason why, yours is to do or die.' The first six months of Preclinical training were spent in classes from eight to four. In the fifth month, floor duty for three hours a day was added to the schedule. *(This totals eleven hours of daily training plus homework!)* This involved giving bed baths and assisting patients. After six months there was a candlelight ceremony to receive a cap if you had followed these rules: Uniform worn properly, Shoes and shoe laces always clean, Hair must not touch collar - long hair had to be in a hairnet, No nail polish, No jewelry worn when in uniform, Always stand in presence of a doctor, Always hold doors (elevator included) for a doctor, *(Physicians were gods in those days!)* No tardiness for duty, Aprons must always be folded on your lap when seated, No smoking in uniform (A result of the rule was that the nurses restrooms were very smoky!), NO marriage while in training. Infractions of the rules meant demerits which could result in loss of weekend

passes. In addition to a clean slate, a written request was required for a weekend off. The Student Nurse Residence Hall was ten blocks away from the hospital. With a no tardy policy, it was fortunate that bus transportation was provided. Students were paid a stipend of \$15 a month and a two week vacation each year." Eighteen of the original twenty-six graduated September 1951 with the saying "Remember always you are a Jackson graduate!" In 2009 Edna Jane donated her complete student nurse uniform and cap with brass ID badge "Miss.E.Buchholtz" and all are displayed upon a mannequin in the museum. She donated so many pins, pictures and a most unusual and rare winter cape with "J.M.H." embroidered on the collar. Why in the world would a Miami student need a winter cape? She had to obtain her psychiatric training at Sheppard Pratt Psychiatric Hospital in Baltimore during the winter! Incidentally she was in Baltimore at the same time I was there. Coincidentally she just told me that my brother (Joseph W. Scott, M.D. of Miami) delivered her first child!

My first outreach attempt for more nursing information was through Fort Myers surgeon Sandy Collins' mother, **Eleanor L. B. Hewitt, R.N.** "Ellie" personally has contributed a wealth of material and as president of the Retired Nurses Association of Ocean Pines of Maryland has put me in touch with a number of other retired nurses from other schools. Much of the material appearing in these articles is due to Ellie's diligence. She states

"As I was growing up my mother's best friend was a nurse. She encouraged me to be a 'candy striper' *(I almost typed stripper.)* I loved it!! I couldn't wait to get to the hospital each day even though it was a long ride on a streetcar. After that first summer, I never thought of being anything but a nurse. I graduated from the Diploma program at Union Memorial Hospital *(Baltimore)* in September 1955". *(I was in Baltimore as a surgical resident then.)* "Those three years were absolutely wonderful - I would repeat them if we could go back in time to 1952-1955!! After graduation, I worked for seven years as an office nurse for an OB/GYN physician until I had my first baby. After a year staying home, I missed the hospital so much that I went back on night duty three nights a week. During my second pregnancy I had to resign as soon as my pregnancy became noticeable (No maternity uniforms were allowed!). In 1968, I was able to work part-time as a private duty nurse until 1971 when a special education school opened nearby and I became its first school nurse. What an experience!" In 1978, she began teaching Health Occupations for eleven years and also was a school nurse in a local high school. "I enjoyed so very much working with and teaching high school students." She later moved to Ocean Pines Maryland where she worked part-time as a recovery room nurse in the outpatient surgery. "Another facet of nursing, another wonderful experience. My three years at Union Memorial Hospital gave me the opportunity to live a very full and varied life." Ellie has contributed so many items (even a rare original one quart clear glass milk bottle embossed with "Union Memorial Hospital") both nursing personally and educationally so she is indeed one of our biggest donors. Her complete perfect classical white **R.N.** uniform (cap, dress, and pins) now adorns one of the museum manikins. She has spread the word and thankfully many other nurses have responded to our call for items and information making Part II available later.

LCMS NEW Benefit for Members Healthcare Lawyer On Call Program

Medical societies and physicians are in a state of turmoil as healthcare reform is implemented. The changes in healthcare systems, delivery and payment drive considerable fear and questions, and medical societies want to be the chief purveyors of helpful advice and direction for their members. Hence the *Healthcare Lawyer On Call Program*.

The Program allows members of participating medical societies the opportunity to speak with qualified healthcare legal counsel on issues such as:


- Regulatory compliance
- Subpoenas
- Electronic medical records
- HIPAA
- Medical malpractice situations
- Integration strategies
- Board of Medicine matters
- AHCA and Department of Health issues
- Other healthcare law matters.

This program is a benefit of membership from the Lee County Medical Society through The Florida Healthcare Law Firm. You may call their office and leave a message during the day or after hours. **The lawyer on call will return your call by noon the next business day and spend up to 15 minutes with each Medical Society member.**

For security purposes and tracking, they will issue each county medical society a code. The code will be changed periodically, so check with the Lee County Medical Society to make sure you have the right code. This service is for physicians only and not your staff. If you do not remember the number and code provided, you can always call the Lee County Medical Society office during normal office hours, (936-1645). We will let you know when the code changes.


Beginning Code is 909 - Tel: 561-306-5699

This is a member benefit of the Lee County Medical Society
and
The Law Offices of Jeff Cohen, P.A.
The Florida Healthcare Law Firm, Delray Beach, FL



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

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TUESDAY - FRIDAY: 9 A.M. TO 6 P.M., SATURDAY: 9 A.M. TO 1 P.M.

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

FMA Sends AMA Letter Of No Confidence

FMA President Madelyn E. Butler, MD has sent the following letter in September 7, 2010 to the AMA leadership in their handling of the new health care reform.

Ardis D. Hoven, M.D.
Chair, Board of Trustees
American Medical Association
515 N. State Street
Chicago, IL 60654

Dear Dr. Hoven,

The Florida Medical Association's (FMA) House of Delegates recently met on Sunday, August 15, 2010. At this meeting, we heard testimony and debated a resolution calling for the FMA to end the practice of electing and sending a delegation to the American Medical Association's (AMA) annual and interim House of Delegates meetings. During passionate debate and testimony, FMA delegates expressed the overwhelming sentiment that they had serious reservations about the AMA's effectiveness and its ability to represent the physicians' interests. Over and over, we heard testimony reiterating the importance of sending a strong message of dissatisfaction to the AMA leadership with regard to leadership's position on the national health care reform bill passed earlier this year.

The overwhelming view expressed by the FMA House of Delegates was that, when it had the opportunity, the AMA leadership did not stand up for meaningful tort reform or take appropriate action to ensure passage of a better bill that would have put patients in charge of their medical care, with physicians as their trusted advisors. Our members viewed this as a lost opportunity. Accordingly, the FMA House of Delegates voted to express these grave concerns by conveying a vote of "no confidence" in the AMA leadership's ability to effectively protect the medical profession.

It is more important than ever that the FMA continues to advocate for our 20,000-plus members and ensure that Florida's physicians remain engaged as we help develop federal policy and advocacy positions on behalf of organized medicine. Therefore, the FMA House of Delegates voted to continue sending a delegation to the AMA's annual and interim meetings. However, the House of Delegates sent a strong message that the AMA needs to change its direction and become more focused on advocating for practicing physicians' interests. We are hopeful that you and the other leaders of the AMA will not only recognize Florida physicians' concerns, but also take action on the many issues our members raised.

The FMA's House of Delegates also passed policy demanding that the AMA take aggressive action to ensure passage of legislation pursuant to resolution 204 passed at the AMA's 2010 Annual Meeting. This legislation would allow Medicare patients to privately contract with their physicians without sacrificing their hard earned Medicare benefits. The FMA is calling on the AMA to engage in a well-funded public relations campaign to explain the benefits of giving Medicare patients the freedom to privately contract with the physician of their choosing.

Wherever possible, we will continue to work with the AMA to help it better meet the needs of our profession and the patients we serve — and we are committed to making sure that the voice of Florida's physicians is heard at the national level. The FMA's Mission Statement "Helping Physicians Practice Medicine" gives the FMA Board of Governors a clear, concise and unequivocal measure for every action we decide to take or not to take. The AMA could do well to adopt such a mission statement.

Sincerely,
Madelyn E. Butler, MD, President
Florida Medical Association

**Get involved! Time is of the essence.
Grousing about the coffee pot won't fix the problem.**

General Membership Meeting and Wine Tasting Social

The Lee County Medical Society held their General Membership Meeting on Thursday, September 16, 2010 at the Cypress Lake Country Club and executive chef, Ryan McKenna for planning and executing our Wine testing event.

President Craig Sweet also presented life member awards to six physicians who have served Lee County and been members of the Lee County Sheridan (unable to attend). Please join us for our next General membership Meeting that will be held at the Gulf Coast Medical Center for our



Drs. Rie Aihara and Meir Daller



Mrs. Mariquita Anderson, Drs. Cy Anderson, Jonathan Jay, and Shahid Sultan



Drs. Michael Chancellor, David Wilkinson, Darius Biskup, Joseph Ghitis



Dr. John Bruno receives his Life Member Award from Dr. Craig Sweet



Dr. Nicasio David



Dr. Irwin Kash



Drs. James Rubenstein and Stuart Bobman



Drs. Khalid Sabha and Raymond Kordonowy



Drs. Teresa Stevens, Doug Stevens and Ronnie Goodrich

in Fort Myers. There were 72 members and guests present to sample the wine and wonderful food. We would like to thank Mr. John Miksa

Medical Society for 35 years: John Bruno, MD; Nicasio David, MD; Irwin Kash, MD; Robert Pascotto, MD; Barry Sell, MD; and Howard nominations of officers.



Drs. Audrey Farahmand and Mary Mouracade



Dr. Carolyn Langford, Dr. Daniel & Mrs. Gisela de la Torre, and Dr. Rolando Rivera



Drs. Anthony Plagiary and Michael Smith



Dr. Robert Pacotto



Dr. Barry Sell



Mr. John Miksa, Dr. Valerie Dyke and Mrs. Chely Dosoretz



Drs. Nicolas Zouain and Carl Schultz

New Members Approved

The following physicians were approved for membership at the General Membership Meeting:

- RIE AIHARA, MD** - Breast Surgery, Regional Breast Care
- CHARLES C. BOGGS, MD** – General Surgery, Associates in General & Vascular Surgery
- WENDY ROBINSON BOND, MD** – Neurology, Florida Neurology Group, PL
- KATIE DRAKE, DO** Family Medicine, Cape Family Health
- ERIC W. JONES, MD** – Pediatrics, Physicians’ Primary Care of Southwest Florida
- DANIEL KRAUSS, MD** – Anesthesiology, Medical Anesthesia & Pain Mgmt Consultants
- CAROLYN F. LANGFORD, DO** Urology, Specialist In Urology
- RAMON J. PABALAN, MD** – Emergency Medicine, Cape Coral Emergency Physicians
- VIENGSOUK PHOMMACHANH, MD** – Otolaryngology, ENT Specialists of Florida
- ROBERT W. POLLACK, MD** – Psychiatry, Park Royal Outpatient Center
- SILVIA ROMERO, MD** – Oncology, Florida Cancer Specialists
- KHALID SABHA, MD** – Family Medicine, Florida Medical Affiliates
- ADAM M. SHUSTER, DO** – Anesthesiology/Pain Mgmt, Pain Mgmt Consult of SWFL
- WILLIAM SILVERMAN, MD** – Pediatrics, Retired physician

Healthcare Reform Timeline - 2014 and Later

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, into law. The following timeline provides implementation dates for key provisions from 2014. It reflects provisions in the new law and incorporates modifications to the law included in the Health Care and Education Reconciliation Act of 2010 passed by the House and the Senate. We printed the 2010 guidelines in the May 2010, 2011 in the July issue, and 2012-13 in the September issue.

2014

Individual and Employer Requirements

- Require U.S. citizens and legal residents to have qualifying health coverage (phase-in tax penalty for those without coverage).
- Assess employers with 50 or more employees that do not offer coverage and have at least one full-time employee who receives a premium tax credit a fee of \$2,000 per full-time employee, excluding the first 30 employees from the assessment. Employers with 50 or more employees that offer coverage but have at least one full-time employee receiving a premium tax credit, will pay the lesser of \$3,000 for each employee receiving a premium credit or \$2,000 for each full-time employee, excluding the first 30 employees from the assessment. Require employers with more than 200 employees to automatically enroll employees into health insurance plans offered by the employer. Employees may opt out of coverage.

Insurance Reforms

- Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
- Require guarantee issue and renewability and allow rating variation based only on age (limited to 3 to 1 ratio), premium rating area, family composition, and tobacco use (limited to 1.5 to 1 ratio) in the individual and the small group market and the Exchanges.
- Reduce the out-of-pocket limits for those with incomes up to 400% FPL to the following levels:
 - 100-200% FPL: one-third of the HSA limits (\$1,983/individual and \$3,967/family in 2010);
 - 200-300% FPL: one-half of the HSA limits (\$2,975/individual and \$5,950/family in 2010);
 - 300-400% FPL: two-thirds of the HSA limits (\$3,987/individual and \$7,973/family in 2010).
- Limit deductibles for health plans in the small group market to \$2,000 for individuals and \$4,000 for families unless contributions are offered that offset deductible amounts above these limits.
- Limit any waiting periods for coverage to 90 days.
- Create an essential health benefits package that provides a comprehensive set of services, covers at least 60% of the actuarial value of the covered benefits, limits annual cost-sharing to the current law HSA limits (\$5,950/individual and \$11,900/family in 2010), and is not more extensive than the typical employer plan.
- Require the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange. At least one plan must be offered by a non-profit entity and at least one plan must not provide coverage for abortions beyond those permitted by federal law.
- Permit states the option to create a Basic Health Plan for uninsured individuals with incomes between 133-200% FPL who would otherwise be eligible to receive premium subsidies in the Exchange.
- Allow states the option of merging the individual and small group markets.
- Create a temporary reinsurance program to collect payments from health insurers in the individual and group markets to provide payments to plans in the individual market that cover high-risk individuals.

- Require qualified health plans to meet new operating standards and reporting requirements.

Premium Subsidies

- Provide refundable and advanceable premium credits and cost sharing subsidies to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.

Medicare

- Reduce the out-of-pocket amount that qualifies an enrollee for catastrophic coverage in Medicare Part D (effective through 2019).
- Establish an Independent Payment Advisory Board comprised of 15 members to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds a target growth rate.
- Reduce Medicare Disproportionate Share Hospital (DSH) payments initially by 75% and subsequently increase payments based on the percent of the population uninsured and the amount of uncompensated care provided. Require Medicare Advantage plans to have medical loss ratios no lower than 85%.

Medicaid

- Expand Medicaid to all non-Medicare eligible individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL based on modified adjusted gross income (MAGI) and provide enhanced federal matching for new eligibles.
- Reduce states' Medicaid Disproportionate Share Hospital (DSH) allotments.
- Increase spending caps for the territories.

Prevention/Wellness

- Permit employers to offer employees rewards of up to 30%, increasing to 50% if appropriate, of the cost of coverage for participating in a wellness program and meeting certain health-related standards. Establish 10-state pilot programs to permit participating states to apply similar rewards for participating in wellness programs in the individual market.

Tax Changes

- Impose fees on the health insurance sector.

2015 and later

Insurance Reform

- Permit states to form health care choice compacts and allow insurers to sell policies in any state participating in the compact. (Compacts may not take effect before January 1, 2016)

Medicare

- Reduce Medicare payments to certain hospitals for hospital-acquired conditions by 1%. (Effective fiscal year 2015)

Tax Changes

- Impose fees on the health insurance sector.

Mental Health Organizations Team Up to Present Symposium

The Connection Between Medical Disease and Psychiatric Illness: Breaking Down the Treatment Barriers

Thursday, October 7, 2010

Edison State College

8099 College Pkwy, Fort Myers

Banquet Room, Taeni Hall Bldg S, Room S-106/107

This event includes presentations by four mental health and medical disease experts and free mental health screenings for the public. The forum will feature speakers from mental health organizations in our area. Dr. Bob Pollack, Medical Director of Park Royal Psychiatric Hospital and clinical assistant professor in Psychiatry at the University of Florida will also lead a panel discussion and question and answer session. Presenters include:

- Dr. Daniel de la Torre, with Cogent Healthcare, discussing psychiatric complications of medical illness
- Dr. Donald J. Baracsky II, Chief Medical Officer of the Lee Mental Health Center, presenting medical complications of psychiatric illness
- Mr. Robert D. Hays, director of health administration programs at Florida Atlantic University's College of Business discussing the impact of Healthcare reform on the treatment of psychiatric and medical illness

Complimentary Depression Screening administered by JBH Behavioral Health Systems from 3 – 5 p.m.. An educational forum presented by the National Alliance on Mental Illness, sponsored by Park Royal Outpatient Center.

FGCU and Lee County Medical Society Physicians

FGCU Speakers' Bureau

Dr. James O'Mailia was gracious enough to accept an invitation from Florida Gulf Coast University and presented to the *Seminars in Medicine* Class. His presentation was very well received by the students and staff of FGCU. Many of the students personally thanked Dr. O'Mailia after his talk and FGCU has expressed their gratitude to him for taking the time from his busy schedule to meet with the students.

FGCU Mentoring Program

The Mentoring Program is off to a great start. Pre-med students are now shadowing Lee County physicians. Marisa Schreiber, FGCU student, is mentoring with Dr. Craig MacArthur. She shadows on Mondays and is very excited about her experiences and the care, humanistic manner, and professionalism that Dr. MacArthur has with the children and families he serves. Kellee O'Neal, President of the Pre-Med/Pre-Professional Student Organization, is shadowing Dr. Mark Farmer. She has been shadowing him for more than a month primarily on Thursdays at Lee Memorial Hospital and has observed arthroscopic and general procedures primarily of the shoulder and knee. She is enjoying her time with Dr. Farmer and will continue throughout the semester. This is what she has to say about her time with Dr. Farmer.



Kellee O'Neal and Mark Farmer, MD

"I am a senior at Florida Gulf Coast University and looking to pursue my dream of becoming a physician. By shadowing a doctor in the medical field, I am able to get insight on the duties and lifestyle of a practicing MD. From this experience, I am able to determine that this is what I would like to do for the rest of my life. Dr. Farmer has shed light on orthopedic surgery and the medical field by letting me watch surgeries and watch his interactions with patients. By shadowing in the operating room, I am learning more about the everyday life of a surgeon and the responsibilities that follow with the job." - Kellee O'Neal

Many more students will be joining Marisa and Kellee in the coming weeks as the fall semester gets underway. Please contact the Lee County Medical Society at 239-936-1645 if you are interested in giving lectures or if you would like to mentor a pre-med student.

"Facts don't cease to exist because they are ignored."

Aldous Huxley

Healthcare Reform and Baby Boomers - More Pressure for Physicians

Robert E. White, Jr., President, First Professionals Insurance Company

With the passage of universal healthcare legislation, which will provide health insurance coverage to a significant part of the 47 million Americans who lack insurance, the need for more doctors will escalate. A shortage of physicians already exists and the anticipated addition of new patients will dramatically increase demands on providers.

The American Academy of Family Physicians predicts a shortfall of roughly 40,000 primary care physicians over the next decade as medical students are increasingly drawn to the higher pay and better hours of specialties such as surgery, cardiology, and radiology. In addition, the rate of physicians retiring is expected to rise dramatically in the next decade.

Impact of Healthcare Reform

Healthcare reform will only increase the physician shortage crisis, and it will create additional difficulties in the search for solutions to improve patient access to care. Some experts predict that by 2020, the United States could experience a shortage of between 200,000 and 700,000 physicians depending upon the level of utilization.

The anticipated availability of health insurance for the majority of Americans as a result of the healthcare reform does not necessarily promise equal access. Without an adequate infrastructure in place, many former insured will be forced back into costly emergency rooms for routine care. The changes to America's healthcare delivery system could affect physicians' ability to provide patient care. A shift in how it would be carried out while delivering the expected level of quality care must be proactively managed.

The US has never faced the level of physician shortage that currently exists and which is further threatened by the new reform legislation. Without a solution for this dilemma, the healthcare system cannot function properly and may be impacted indefinitely.

In an effort to reduce the impact and in recognition of the growing need for patients access to physicians, legislators included in the new law bonus payments for primary care physicians as well as forgiveness of tuition loans as incentives to medical students to pursue primary care careers.

Although medical schools are projected to graduate 4,000 more physicians each year by 2020, this is fewer than half of the needed increase. During the overwhelming 25-year US population increase between 1980 and 2007, there was zero growth in medical school enrollment for conventional medicine treatment.

Aging of America

Baby boomers are quickly outpacing all other age categories of Americans. At the same time, more and more doctors are approaching retirement age. The number of Americans age 65 and older will almost double between 2000 and 2030 (20 percent of the population) - an increase of 104%. With the rise of an aging population, the medical ailments of senior citizens also escalate, including millions with diabetes and obesity, sharply increasing doctor visits for those over 65. Regardless of the most common medical health risks inherent with aging, the next generation of retirees will be the healthiest, longest lived, best educated, and most affluent in history.

Aging Physicians

The physician workforce is aging at a faster pace than can be replaced by medical students entering the healthcare profession. Medical school graduates that may potentially bridge the gap are electing to reduce the number of hours they practice. More than 250,000 active physicians are over the age of 55 and thousands more are expected to retire in the next decade.

Population growth

Along with the rise in baby boomers, there has also been growth in the general U.S. population. Experts estimate that such sustained population growth will require a minimum of 200,000 additional physicians by 2020. However, with the retirement of current physicians and a shortage of new physician replacements, it is likely that the United States will be 100,000 short of the goal.

Physician Shortage

- **Geriatrics**—Although the aging population is already a significant

factor for the healthcare industry, perhaps one of the greatest concerns is the deficit of geriatricians that already exists. The number of geriatricians is roughly half of what is currently needed.

- **Family Practice**—The number of U.S. medical school students entering primary care has dropped more than 50% since 1997, already causing an increased demand for the specialty. Obviously, the demand for these physicians will become critical as the number of baby boomers continues to escalate.

- **Nurses**—Although allied healthcare workers are expected to play a greater role as physicians leave the workforce, a significant decline in the number of licensed nurses will also affect medical treatment for Americans. In Florida alone, more than 40% of Florida's nurses are approaching retirement age within the next 10 years and there are not enough younger nurses to replace them. The state's nursing shortage has the potential to cripple Florida's healthcare system

- **Projected sector growth**—With the decrease in physicians specialties, expanded roles and the use of ancillary personnel will be necessary. To relieve pressure from doctors, substantial increases are projected for physician extenders, including physician assistants, medical assistants and licensed nurses.

However these healthcare professionals don't have the level of diagnostic skill of physicians. In the event of a medical error, patients may incorrectly assume the lack of an available physician is a reason for the error.

An Increase in Claims?

As physicians become understaffed and overworked, the risk of medical errors rises. The stress and fatigue experienced by doctors may increase the likelihood of clinical accidents. Because of the patient load and the need to evaluate as many patients as possible, physicians may rush an examination and fail to make proper diagnoses.

"National healthcare reform further diminishes the core of care: the physician-patient relationship," said Cliff Rapp, Vice President of Risk Management at First Professionals. "A significant reduction in the quality of care is arguably a motivating factor for a claim."

Looking ahead 10 years when there are fewer doctors treating a greater number of patients - aging patients who generally have more medical problems - we could see an increased number of medical incidents. That does not mean that malpractice will be the root cause; rather that the projected imbalance of practitioners to patients, who because of their age will require more medical encounters, will adversely impact patient safety.

As Congress implements the requirement of the new law, it is essential that all efforts are taken to preserve the physician-patient relationship. Special liability factors impact this era of healthcare reform and the aging population. The partnership between First Professionals and its policyholders includes proactive risk management services to help reduce potential claims. The challenge will be to maintain the high standard of patient safety in a way that does not impact the standard of care for patients.

"Regardless of the impact of the passage of healthcare reform legislation, we will continue our dedicated efforts to protect our policy holders," said Bob White, President of First Professionals. "We will maintain our commitment to our insureds and focus on remedies to further reduce the victimization of physicians during an already challenging malpractice climate."

First Professionals is aware that the implications of the healthcare reform and aging population issues will place even more pressure on physicians. Regardless of the threat to physicians of these unique challenges, our goal is to help physicians reduce the potential to incur additional liability expense. We will remain cognizant of these new emerging trends and exposures and continue to monitor them accordingly.

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

CME Reminders

FOR MDs

To all LCMS members that will be renewing their medical licenses in 2011 - Make sure you have all of your Continuing Medical Education credits, remember you will need 40 credit hours of CME including two (2) credits in Prevention of Medical Errors. If you are renewing your Florida Medical license for the first time you will also need one (1) credit hour in HIV/AIDS. (This credit is only needed for first time renewal, and then you will never need it again!) In addition, every third renewal you will need two (2) hours of Domestic Violence (If you renewed your license in 2007 you will need 2 hours by 2011. If you renewed in 2008 you will need 2 hours by 2011)

FOR DOs

The current licensure period is April 1, 2010 - March 30, 2012. You will need 40 CME hours for renewal 20 of which must be AOA Category 1A. Included in that is five (5) mandatory hours of live participatory credits in 2 hours of prevention of medical errors, 1 hour of risk management, 1 hour Florida laws & rules, and 1 hour of Uses and Abuses of Controlled Drugs. In addition you are required to take 2 hours of Domestic Violence every six years (starting in 2006), which may be taken by correspondence.

Lee County Physicians Serving at State Level

We would like to thank the following Lee County Medical Society members who have been appointed to serve on Florida Medical Association Boards, Councils and Committees:

- Daniel de la Torre, MD - Hospitalist - will be serving on the Committee on Membership.
- Craig R. Sweet, MD - Reproductive Endocrinology - will be serving on the Council on Ethical and Judicial Affairs.
- John A. Churchill, MD - Pediatric Orthopedic Surgery - will be serving on the Professionals Resource Network, Inc.
- James Rubenstein, MD - Radiation Oncology - will be serving as an advisory member to FMA PAC.

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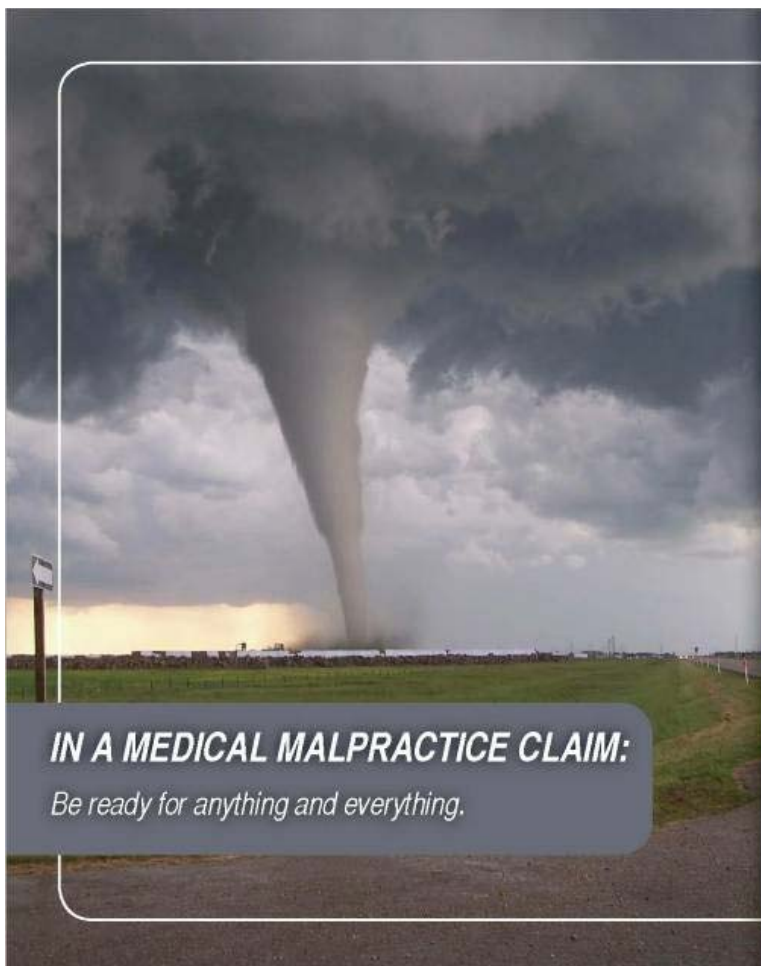
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