

2010 Meetings and Events



General Membership Meeting & Wine Tasting

Thursday, September 16th
6:30 pm

At

Cypress Lake Country Club
6767 Winkler Road
Fort Myers, FL 33919

RSVP to Lee County
Medical Society Office:

Tel: 936-1645 Fax: 936-0533

See insert for sign up

Inserts

- September General Meeting Sign-up
- Potluck in Paradise
- Hill Barth & King Ad
- Committees Sign Up Form

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President's Message

Changing From Within

Craig Sweet, MD



Florida Medical Association Annual Meeting, 2010

The FMA and delegates were extraordinarily upset with the AMA's handling of the "health care reform" and the failure to fix the flawed SGR formula. Understanding that the US House of Representatives and Senate were ultimately to blame, most physicians still felt the AMA made some egregious errors in the negotiations with the politicians.

Dr. Doug Stevens, former President of the LCMS, submitted a resolution for the FMA to withdraw from the AMA. His resolution received national press and placed the AMA on notice. This was the single most contentious resolution of the entire meeting. It was significantly modified and then passed by the House of Delegates wherein it was **RESOLVED**, *That the FMA shall submit a letter to the AMA expressing it has "no confidence" in the ability of current AMA leadership to effectively protect the Profession of Medicine in America.* Dr. Stevens is certainly to be credited for stirring up debate on this very important issue.

While not withdrawing from the AMA, the House of Delegates certainly made its displeasure known. A sister resolution, brought forward by AMA Delegate and Tampa Neurosurgeon Dr. David McKalip, was likewise modified and then passed by the delegation in summary asking that the AMA make the pending national legislation regarding private contracting, balanced billing and Medicare reform a top priority, asking the AMA to work with State, National and Specialty Societies to make this a reality, that the AMA change its mission statement from "To promote the art and science of medicine and the betterment of public health" to the FMA's mantra of "Helping Physicians Practice Medicine" and to likewise send a letter to the AMA expressing "discontent" on

recent AMA positions regarding health care reform.

To be certain, the AMA has been warned with these resolutions. I do feel the AMA, which I have described as "patient-centric", needs to change to "physician-centric" or face the continued erosion of membership and eventual separation of state medical societies. It was the intent of the delegates, however, to make changes from within and not separate from the AMA at this time.

Sustainable Growth Rate (SGR) Update:

As of December 1, 2010, the flawed SGR formula will again go into effect. With the elections held during the previous month, this will be a lame-duck House and Senate with what I suspect will be a new mandate to be fiscally conservative. ***I believe everyone should be prepared for the SGR to take effect.*** I had hoped that there might be a compromise rather than the full 21.2% reduction but I will admit that I am becoming more skeptical that this will happen. Our practices and personal finances should be arranged accordingly. Any physician/practice reaction to the SGR will again need to be spontaneous and not organized. Conversations between physicians are important but must be done with prudence. Please do not discuss your response with any competitors as legal repercussions through the U.S. Department of Justice may occur if you do so.

Adding further insult to injury, it is uncertain if an additional 9% reduction will occur in 2011. I would also expect any changes to the SGR to be reflected in private insurance contracts as they come up for renewal over the next couple years using the updated and severely reduced Medicare-allowable fees to be the standard for reimbursement. I feel we already have a form of nationalized health care as the government sets the prices for the vast majority of health care services. We simply haven't called it as such.

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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

Updates to 2010 LCMS Membership Phone/Fax Directory

Nicolas Zouain, MD
Premier Radiation Oncology Assoc.
Tel: 333-0901 Fax: 333-0870
Office Mgr: Courtney McCann

Manuel Garcia, MD
Aldith Lewis, DO
Bruce Lipschutz, DO
Lee Physicians Group at College Pointe
Tel: 343-9100 Fax: 343-9108

Bijan Bakhtian, MD
John Dusseau, MD
Jeffrey Henn, MD
Saman Javedan, MD
Dean Lin, MD
Lee Neurosurgery
Tel: 343-3800 Fax: 343-2701

Timothy Hughes, MD
Lee Ob/Gyn Associates
8960 Colonial Center Dr Ste 300
Fort Myers, FL 33905
Tel: 343-9470 Fax: 343-9498

Craig R. Sweet, MD
Specialists in Reproductive Medicine
Dr. Sweet's new office manager
Office Mgr: Suzanne Jablonski

James Kursch, MD
Total Senior Mobile Physicians
Dr. Kursch Zip Code was left out of Directory it is:
34134

Kenneth Backstrand, MD
Backstrand & Associates
Tel: 242-8010

Michael Raab, MD
Tel: 343-2634 Fax: 343-2881

Moved from Area
Scott Altschuler, MD

Reactivated
Katie Drake, DO

New Member Applicants

Wendy Robinson Bond, MD — Dr. Bond received her MD degree from Wayne State University in 2000. She completed her internship at Oakwood Hospital & Medical Ctr, Dearborn, MI (2000-01); residency at Tufts-New England Medical Ctr, Boston, MA (2001-04) and fellowship at St. Elizabeth's Medical Center (2004-05). Dr. Bond is Certified by the American Board of Psychiatry and Neurology. She is in group practice with Florida Neurology Group, 12670 Whitehall Dr, Fort Myers, FL 33907 - Tel: 239-936-3554.



Charles C. Boggs, MD — Dr. Boggs received his MD degree from St. Matthews University in 2002. He completed his internship/residency at St. Elizabeth Health Center, Youngstown, OH (2002-07) and a fellowship at Tampa General Hospital in Burn Surgery (2007-08). Dr. Jones is a General Surgeon with sub specialty in Burn Surgery/Robotic Surgery. He is in group practice with Associates in General and Vascular Surgery, 21 Barkley Cir, Ft Myers, FL 33908 - Tel: 239-939-2616.



Eric W. Jones, MD — Dr. Jones received his MD degree from University of Louisville College of Medicine in 2001. He completed his internship/residency at University of South Florida/All Children's Hospital, St. Petersburg, FL (2001-04). Dr. Jones is certified by the American Board of Pediatrics. He is in practice with Physicians' Primary Care of Southwest Florida, 9350 Camelot Dr, Fort Myers, FL 33919 - Tel: 239-481-5437.



Daniel J. Krauss, MD — Dr. Krauss received his MD degree from Wayne State University in 2001. He completed his internship/residency at University of Rochester, Rochester, NY (2001-05). Dr. Krauss is certified by the American Board of Anesthesiology. He is in practice with Medical Anesthesia & Pain Mgt Consultants, 4048 Evans Ave Ste 303, Ft Myers, FL 33901 - Tel: 239-332-5344.



Viengsouk Phommachanh, MD — Dr. Phommachanh received his MD degree from Tulane University School of Medicine in 2005. He completed his internship/residency at University of S. Florida, Tampa, FL (2005-10). Dr. Phommachanh is an otolaryngologist. He is in group practice with Ear, Nose and Throat Specialists of FL, 15761 New Hampshire Ct, Ft Myers, FL 33908 - Tel: 239-415-8377.



As I Recall...

Roger D. Scott, M.D.

Too Young

September is a month of many memories both good and bad for me. The *Ft. Myers News-Press* of Monday morning September 18, 1961 had a two-inch high headline: "DR. HOPKINS KILLED IN CHICAGO CRASH". A story was on the front page regarding the crash and also George's picture. "Dr. George D. Hopkins, prominent Fort Myers physician was killed yesterday morning in the crash of a Northwest Airlines Electra at Chicago going to Tampa. All 37 persons (32 passengers and 5 crew) aboard perished. The crash occurred as the plane reached a 200 foot altitude on take off. The plane frantically radioed 'no control' and spun out of the skies seconds after takeoff and exploded". A number of witnesses gave reports and one was especially heart rendering in that a disabled Korean War veteran had placed his wife and four children (four months to five years old) on the fatal flight. The Electra was a low wing four turboprop airplane that was first commercially flown in January of 1959 and had experienced several crashes and two breakups in the air during 1959, so the design was changed and it was declared to be safe. It was October 16, 1962 (a year later) before the Civil Aeronautics Board released its findings that the crash was due to a mechanic not replacing a bolt in the elevator mechanism control and therefore the plane could not be controlled in flight. Fort Myers was a small town and George was well known so many of its citizens wept.

George D. Hopkins II was born May 26, 1923 and died September 17, 1961 at age 38 (**too young**). I have very little information about him, as he died three years after I came to Ft. Myers. He had been here since 1953 practicing internal medicine. His office was in the Crescent Building (Royal Palm and 2nd St) until about 1959 when he moved to the Frye Building (2027 McGregor Blvd. It seemed a long ways out of downtown in those days. He was married to Mary who was an excellent organist and pianist. "He had one daughter living in Virginia." A few days after preparing this portion of the article, I "bumped" into two old Fort Myers ladies and asked them if they remembered anything about George. One of them said she had been working in medical records at Lee Memorial and Dr. Hopkins asked her to come to work for him the next week after he returned from a meeting in Chicago! (This information was a sign to me that I had chosen the proper subject for this month.)

Fred J. Burford, M.D. was born in Atlanta, Georgia September 29, 1930. He graduated from Emory University and then from their Medical School in 1956 and interned at Mound Park Hospital (now Bayfront Medical Center) in St. Petersburg 1956-57. Fred married a truly delightful, beautiful Suzanne (Sue) Booher in 1957, and Fred enlisted in the US Army Medical Corps in 1957-1959. While serving in the Army Fred first became a national celebrity in March 1958 by being the medical officer for the induction of Elvis Presley into the Army at the Kennedy Military Hospital Recruit Exam Station. I don't believe the Army could have picked a more gregarious, jovial, physician for that job. Sue (his wife) states, "at noon Fred could not get his car out to leave for lunch as the entire area was blocked by the press and young people hoping to get a glance at Elvis. So when confronted with this, Elvis threw him his car keys and said, 'here take these'. Fred drove home in a white Cadillac. That impressed our neighbors! The next morning papers all over the country had

pictures of Fred and Elvis during his physical exam." The Museum of Medical History has one photo of Fred examining Elvis' chest. Then there was residency in Internal Medicine at Emory University 1959-60.

On June 30, 1960 Fred and Sue along with one-year-old Fred II (Now "Little Freddie" isn't so little and practices osteopathic medicine here.) joined George in practice. Upon George's death, Fred took over both practices. About 1968 Ann Wilke (yes our Ann) began working for him and stated that Fred gave excellent care and concern for his patients. Fred served as president of the LCMS, and during his 25 years of practice was very active in the community. He was on the Board of the newly formed Fort Myers Community Hospital (later Southwest Regional Medical Center) and was one of four persons to inaugurate the Lee County Heart Association that began a small Heart Ball which grew rapidly into a large association with a continuing prestigious large annual Heart Ball. Fred was active and in time became president of the Florida State Heart Association. He was very active in CPR education in the early days and taught classes in it to the emergency personnel and at Edison College. Fred was Medical Director of the Southern Ambulance Service, first bona fide ambulance service in the area. He practiced in the Frye Building (2027 McGregor Blvd.) and worked with Dr. Peter Bercaw for about four years and then with Dr. Michael Lowery for a short time before Mike had to go to the Viet Nam War. Dr. F. Lee Howington (OB-GYN) came to town in 1968 and shared in Fred's office until about mid-1970 when Howington, Maurice ("Matt") Mattingly, and Tom Donalson built an OB-GYN office on Colonial Boulevard and took Ann Wilke with them. I also liked this happy, smiling, and frequently bolderish (Is there such a word?) laughing young physician and great fisherman over the years. I had always wanted to visit Fort Jefferson on Dry Tortugas to see where Dr. Samuel Mudd had been imprisoned so Fred offered me the opportunity; however, I couldn't leave an extremely sick patient so I (fortunately) couldn't go for on the return trip he got into a bad storm & broke some ribs. I still haven't got there after 52 years, and now I would need a big yacht!

Sue reminded me that they had purchased 80 acres at the very end of Bass Road for a farm. I remember one time going out to visit them and it seemed like it was the end of the county but in reality this is near where HealthPark is now located. One day during the 12 years the Burford's lived on the farm three cows were huddled together during a thunderstorm and were all killed by a lightning strike so they were buried on the spot. After the Burford's sold the property the Westminster Presbyterian Church was built in that area and by the Burford's calculations it was built over the graves of the cows. The Burford lovingly called the church, "The Church of the Holy Cow!" I know Fred, is still laughing about that. I believe all that knew Fred thought well of him both as a person and physician. His last office was on the Medical Lane where he continued practicing while ill with some unusual blood disease that took his life on April 30, 1985 at age 54.

Two doctors **too young** to die.

The good news is I remembered that September 14th is our wedding anniversary. Happy Anniversary to my wonderful Vonnie.

Let's all remember 9/11 and pray for all of our warriors and service people both military and civilian.

Medicare Sustainable Growth Rate (SGR) - History

- During the mid-1990s, Congress was concerned that physician payments in Medicare kept growing even as Congress cut payments for specific services. Policy makers decided that the problem was the number of services being billed for (volume), more than the price of each service.
- To address this concern, in 1997, Congress decided to use a target rate of growth, called a Sustainable Growth Rate, in Medicare Part B spending for physician and non-physician practitioner services. The SGR is one of several factors that feed into a complex mathematical formula that determines Medicare physician payment rates each year. It takes an act of Congress to override these automatic payment changes.
- Designed to control and put a limit on Medicare spending for physician care, the SGR is a crude tool that links allowed levels of growth in the volume of services per Medicare beneficiary to the growth in the Gross Domestic Product (GDP). Although adjustments are made for changes in law and regulation, these have not adequately reflected increased services resulting from technological innovation and Medicare benefit expansions.
- Each year, the SGR triggers physician payment cuts, and except for 2002 when a 5.4% cut went into effect, each year, Congress has passed and the President has signed legislation to stop the cut. Because the SGR target was always left in place, though, every time Congress overrode the cut, a larger cut was projected for the next year. This accumulation is called the cliff.
- The target set 1996 spending as the base year. Here's how it works, using 2009 as an example. The 2009 payment update was set by comparing actual Medicare spending on physician services from 1996-2008 to targeted spending from 1996-2008. If actual spending exceeds the target, then 2010 physician payment is cut, even if it's less than keeping pace with increased costs of doing business.
- In the past decade, payment rates have fallen further behind inflation in practice costs. The cost of running a practice has risen more than 20%, while Medicare rates have been relatively flat.
- Even with Congress' help, the cost of fixing the problem gets worse every year as cuts are simply postponed and added to the next year's required cuts. Today, the cost of a permanent fix is \$371 billion.
- Bottom Line: This system doesn't work. The 1996 physician payment baseline doesn't reflect medical technology, Medicare coverage and benefits, and the cost of running a medical practice in 2010.
- The Fix: Congress must permanently repeal the SGR, eliminate the cliff, and replace it with a new, more rational payment system.

Taken from the American College of Obstetrics & Gynecology - <http://www.acog.org/departments/govtrel/medicareSGRHistory.pdf>

Two New Bills That Became Effective on July 1st

HB 5311

This bill, in sections 32 and 33, provides licensure avenues for retired military physicians to be eligible to receive an area of critical need (ACN) license. Many physicians often give up their medical license when they retire then decide they want to practice, often as a volunteer, but do not want to go through the full licensure process again.

What does the bill do?

- Expands this restricted licensure avenue to allopathic and osteopathic physicians (physicians) with 10 years of honorable service in the armed forces.
 - Expands the locations where a physician with ACN certificate may practice to include the following additional settings:
 - Department of Veterans Affairs,
 - Agency or institution approved by the State Surgeon General that provides health care to underserved populations, and
 - Practice for a limited time to address critical physician specialty, demographic or geographic needs for this state's physician as determined by the State Surgeon General
 - Grants authority to the Boards to deny or restrict any ACN applicant who has not actively practiced medicine in the past 3 years and who may possess diminished or inadequate skills, lack necessary knowledge, or exhibit patterns of deficits in clinical decision making.
-

HB 573

This bill deleted the law that requires Physician Assistants (PA) to complete 3 months of clinical experience prior to being approved to be a prescribing PA and allows forms to be submitted electronically.

What's new with the Board of Medicine

Information You Should Know

Is it ok to leave pre-signed blank prescriptions for my PA to use in my absence?

No, this is not appropriate and could place your license in jeopardy of disciplinary action. Penalties could include a fine, a letter of concern, and completion of the Laws and Rules course. This is easy to avoid: Do not leave pre-signed blank prescriptions in your office.

Removal of Levothyroxine Sodium from the Negative Drug Formulary

Effective March 18, 2010, levothyroxine sodium has been removed from Florida's Negative Drug Formulary (see Rule 64B16-27.500, Florida Administrative Code). From March 18th forward, a pharmacist that receives a prescription for a brand name drug shall, unless requested otherwise by the purchaser, substitute a less expensive, generically equivalent drug product that is listed in the formulary of generic and brand name drug products as provided in Section 465.025(5), Florida Statutes, unless:

- 1) The prescriber writes the words "MEDICALLY NECESSARY" in their own handwriting, on the face of a written prescription;
- 2) In the case of an oral prescription, the prescriber expressly indicates to the pharmacist that a brand name drug prescribed is medically necessary; or
- 3) In the case of a prescription that is electronically generated and transmitted, the prescriber makes an overt act when transmitting the prescription to indicate that the brand name drug prescribed is medically necessary.

Practitioner Profile

Remember any changes to your profile must be made within 15 days of said change.

Where can you find information you need to know about your license? Our web site! Go to www.FLHealthSource.com and click on Licensee/Provider. From here you can go directly to the Medicine web site, access your practitioner profile, renew your license online, review professional updates and declaratory statements, and much more.

If you would rather correspondence go to another e-mail address, please update your online Practitioner Profile. You can update your Practitioner Profile by visiting <http://www.flhealthsource.com>, selecting Licensee/Provider, then selecting Update Profile in the Current Licensee Services section of the page. If you need help accessing your online profile, call (850) 488-0595, then select menu option 3.

Maintenance of Licensure

The FSMB's House of Delegates adopted a policy report (see www.fsmb.org) that proposes a model which requires the demonstration of lifelong learning as a condition of licensure. Our BOM members supported the concept and importance of lifelong learning but were strongly opposed to mandatory examinations. I relayed this information at the reference committee in Chicago and expressed several concerns such as how this may affect our physician healthcare workforce, what is the best way to evaluate physician competence? Do we have sufficient evidence based research to support this? What this really means... the model proposes that physicians who are not participating in MOC (Maintenance of Certification) EVEN those that have been grandfathered will have to demonstrate competence by a method to be determined by our board prior to future license renewal.

Administrative Complaints Online

Another important aspect that has changed since January is that administrative complaints will be published online in accordance with the Governor's commitment to transparency and accountability. This not only involves physicians, but all health care licensees. For physicians whose cases are dismissed by the Board of Medicine, the Administrative Complaint will be removed promptly, ideally within 24-72 hours. The Florida Department of Business and Professional Regulation (DBPR) have been publishing such information on their licensees for some time.

MEMORIAM

Wallace “Wally” L. Dawson, MD

June 29, 1935 - June 6, 2010

Wallace “Wally” Lantz Dawson, MD, Family Practice Physician passed away on June 6, 2010 at the Masonic Home of Florida. He was born in Kingwood, WV, on June 29, 1935.

Dr. Dawson served in the US Navy and moved to Cape Coral, FL in 1963 joining Dr. Robert Tate in the first Cape Coral Clinic on Coronado Pkwy. Dr. Dawson was a member of the Cape Coral Lodge #367 F&AM and later was elected Grand Master of Florida in 1994. He was known as the “whistling” Doctor by his patient and colleagues. He was active with the Medical Society on numerous committees as well as on the Board of the Cape Coral Hospital.

Lee County Medical Society 2010 Life Members

The Lee County Medical Society would like to thank the following physicians for their dedication to medicine. They have practiced medicine in Lee County and served as members of the Lee County Medical Society for 35 years. Please join the Medical Society at our September 16th General Membership Meeting as we honor these physicians.



John S. Bruno, MD – Plastic Surgery
In solo practice at Ft. Myers Plastic Surgery Center



Robert D. Pascotto, MD – Cardiovascular Surgery
Retired from Gulf Coast Cardiothoracic Surgeons



Nicasio David, MD – Family Medicine
In group practice with Lee Physicians Group



Barry Sell, MD – Family Medicine
In group practice with Physicians Primary Care



Irwin J. Kash, MD – Pediatrics
In group practice with Associates in Pediatrics



Howard Sheridan, MD – Diagnostic Radiology
Retired from Radiology Regional Center

Frankenstein Exhibit at Northwest Regional Library

The Lee County Medical Society was one of the sponsors for “Frankenstein - Penetrating the Secrets of Nature” that was held July 19th—August 16th at Northwest Regional Library. The Medical Society also helped provide a speaker for this event. It was held at the new Lee County Library located at 519 Chiquita Blvd in Cape Coral. The exhibit was developed by the National Library of Medicine in collaboration with the American Library Association.

Dr. Charles (Billy) Gunnels a member of the biology faculty at FGCU presented the program “Darwinian Medicine” on Thursday, August 5th that discussed behavioral biology, evolutionary concepts and the origins of life. This program fits in with Medical Society by-laws to “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 and public health laws...enlighten and alert the public, and merit its respect and confidence.”

President's Message Cont'd from Cover

Health Care Reform:

Probably one of the most riveting presentations was by Jeff Goldsmith, Ph.D. He is a brilliant health care industry expert with a range of accomplishments too long to list. He discussed Accountable Care Organizations (ACO's) and the numerous other changes that are inevitably going to take place. My metaphor is that we are standing on a beach with numerous very tall waves moving towards us at high speeds. We can beat on our chest and try to hold our ground, more likely to topple from the unrelenting forces, or we can start building and selling surfboards and weather the oncoming storm.

Predicting the future is fraught with error but I would like to suggest the following: (1) I believe there is a potential for survival and perhaps even thriving in this new medical world but it will take a tremendous amount of effort on our part, (2) I highly doubt the AARP will allow balanced billing unless physician access is severely curtailed and (3) If we ever want to change the political landscape, we will need to donate to national and not just state elections because it was the US House and Senate that got us into this mess. We need influence in Washington because you can bet those that want a piece of our practices will have already done so.

The LCMS and the FMA are committed to help carry you through this storm, but we will need the input of each and every member. This will not be the time to retract into our shell but to boldly move forward. I ask, plead and implore each and every one of you to become more educated and involved. Never before has the practice of medicine in this country been under attack on so many fronts. Our professional lives have become entwined with politics and there is no going back. If we want to keep our patients safe, our practices alive and our personal and financial goals intact, it will take more effort than ever to push forward. Until next month.

FMA Annual Meeting Pictures



Thank you to our Delegates and their spouses for attending and contributing to the House of Medicine.



FMA Annual Meeting held at the Hilton Bonnet Creek Resort in Orlando, FL on August 12-15, 2010.



Florida Medical Assoc

August 13

FMA Annual Meeting

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

The FMA Annual Meeting took place August 13-15th in Orlando and was well attended by Lee County. As usual, there were a few contentious resolutions however the most controversial originated from our own Doug Stevens, MD. Resolution 10-2010 in simplified terms called for the FMA to completely withdraw and sever all ties with the American Medical Association due to their continued failure to represent physician's and patient's best interests, as most recently expressed by their failure to oppose The Patient Protection and Affordable Care Act (PPACA) aka "Obamacare" and inability to end the SGR crisis.

Even before the meeting, this resolution garnered national attention in the media and blogosphere, The Hill - <http://tinyurl.com/26n5p3z>, Health Leaders Media - <http://tinyurl.com/232qg9x>

As Dr. Stevens was unable to attend this year's FMA meeting, I stood in for him at the reference committee meeting and provided testimony regarding that in order to protect physicians and patients of Florida, we need to split from the AMA and help lead the country in forming a new society with the primary mission of truly serving physician's and patient's best interests. There was a litany of testimony that followed both for and against leaving the AMA. The estimated cost of this action was estimated at \$1.5 million dollars a year added to the FMA's current budget to replicate all the services the AMA currently provides. Several members of the FMA's AMA delegation spoke out against the resolution, their reasoning that the best way to effect change in the AMA is from within and that no other organization has the "branding" that the AMA has with the American public. Unfortunately the latter is true, despite the fact that only 17% of physicians in the United States are members of the AMA. The determination of the reference committee was to recommend to the House of Delegates that the resolution be rejected.

During the House of Delegates meeting, the topic was debated at length with many members either speaking for themselves, as part of professional specialty organization or for a regional caucus providing impassioned, and at times heated testimony on the topic. The debate concluded with an amendment substituting Dr. Steven's proposal with sending a strongly worded letter to the AMA, stating "no confidence" in the ability of current AMA leadership to effectively protect the profession of medicine in America. The resolution in it's amended (read eviscerated) form then passed by a majority vote.

Other resolutions of note during this year's session included:

The FMA will send a resolution to the AMA to make the pending legislation for private contracting, balanced billing and the assignment of Medicare benefits a top priority of the AMA. The AMA already has resolutions to do these things, however the current leadership has made these low priority.

The FMA will send a resolution to the AMA effectively changing AMA policy stating the AMA's mission and vision to read "Helping Physicians Practice Medicine" – It is generally felt Current AMA's vision is too broad and they have lost their focus on what is important to physicians.

My personal thanks go out to our delegates:

Stuart Bobman, MD; Valerie Dyke, MD; Daniel De La Torre, MD; Douglas Henricks, MD; Larry Hobbs, MD; Mary Magno Mouracade, MD; Richard Macchiaroli, MD; James H. Rubenstein, MD; Shari Skinner, MD; Shahid Sultan, MD; Craig Sweet, MD

Next year's meeting will take place in Orlando, July 28 - July 31. If you are interested in becoming a delegate, please contact Ann Wilke at the Medical Society office—239-936-1645 or send in the enclosed Committee form with the appropriate box checked.



Lee County Delegation to the FMA Annual Meeting: Drs. Daniel de la Torre, Dean Traiger, Craig Sweet, Valerie Dyke, Richard Macchiaroli, Douglas Henricks, Rubenstein

Annual Meeting

October 15, 2010



...re, Larry Hobbs, Shari Skinner, Mary Mouracade,
...enricks, Stuart Bobman, Shahid Sultan, and James

Importance of FMAPAC & MD1000 Club

James Rubenstein, MD, FMA PAC Chair



Dr. James Rubenstein

The FMA Annual Meeting this year included a serious debate about whether the FMA should formally withdraw from the AMA. Ultimately, the decision was made to send a letter of no confidence to the AMA leadership and continue to participate and try to change the AMA from within.

As many of you know, I am the Immediate Past President of the FMA Political Action Committee (FMAPAC). I believe all of Florida's physicians and our patients have been well served by the ability of the FMA to lobby on our behalf to ensure

legislation in our state is physician friendly. I wish I could say the same at the federal level but it does not seem that the AMA and their PAC (AMPAC) can deliver the same good results. It is the obligation of every physician to be politically active so we can better shape the future of medicine. FMA PAC hopes to begin to take an even larger part in making sure that Florida's physician voices are heard in the political forum.

You can help by making sure you and your spouse are members of FMA PAC and the MD 1000 Club. I would be happy to speak to individual physicians or whole groups, as to why and how to join. When it comes to the future of medicine if not now, then when? And if not you then who?

Reference Committee III

Richard Macchiaroli, MD



Dr. Richard Macchiaroli served on Reference Committee III: Legislation

I recently had the pleasure of attending my fourth Florida Medical Association (FMA) annual conference as a delegate from the Lee County Medical Society. Each year it is amazing to see the legislative accomplishments of the FMA that help physicians practice medicine. A substantial amount of organization and effort goes into protecting physicians from the intrusion and interference of lawyers, insurance companies, governmental bodies, and other practitioners. Although it often appears that we are losing the battle of health care reform, the FMA sits on the front lines daily and protects physicians from an annual onslaught of legislative attacks. In the past year the FMA has defeated multiple bills that would increase the scope of practice for various practitioners; fought off unreasonable reporting standards for physicians; defeated bills that would have increased malpractice premiums; averted a managed care takeover of Medicaid; and produced legislation that assigns benefits directly to the physician from in-network and out-of network PPO patients. The FMA annually tracks and supports or opposes an average of 350 such

bills that affect physicians.

This year I had the opportunity to sit on the legislative reference committee. This committee reviews both resolutions and pro/con physician testimony and makes recommendations to the FMA house of delegates regarding each resolution. There are four such committees. It was interesting to see the behind the scenes efforts from the FMA lobbyist section in the reference committee. They are incredibly tuned into all of the legislative happenings in Tallahassee that affect physicians. It is clear that they wield significant knowledge and influence in negotiations with the legislators in Florida. In the upcoming year, they will be attempting to achieve sovereign immunity for all physicians who care for emergency department patients. Also, the FMA will continue efforts to increase Medicaid payments to physicians. Additionally, they are avidly pursuing the AMA in support of balance-billing for Medicare patients. It appears that a bill may come before Congress within the next year.

These efforts by the FMA are all key to the survival of the medical profession in Florida. As individual physicians, we are strong when united through the Lee County Medical Society and the FMA. The efforts of the FMA are clearly enhanced by your contributions to the FMA-PAC and the MD1000 Club which give them the financial resources to remain influential in protecting physicians from a multitude of assaults against the practice of medicine. I thank those of you who are involved and encourage the remainder to become involved.

First Time at Annual Meeting & on Reference Committee II

Shahid Sultan, MD



Dr. Sultan served on Reference Committee II: Finance & Administration

On August 13–15th, the FMA held its Annual Meeting in Orlando and installed Madelyn Butler, MD, an obstetrician from Hillsborough County as its new President. Miguel Machado, MD, a neurosurgeon from St. Augustine was elected President-Elect. Eight FMA delegates to the AMA and eight alternate delegates were also elected. For the first time voting was by wireless handheld machines, the process went smoothly and the results were available within minutes.

There were a total of 43 resolutions to be considered by the House. They ranged from Prevention of Obesity to the FMA withdrawing its delegation to the AMA and developing an alternate association with like-minded state societies.

The most contentious resolution (10-201) was from nowhere else but our own Lee County Medical Society put forward by Douglas Stevens, MD. It resolved that the FMA no longer elect and send a delegation to the AMA Annual or interim meetings, advocacy meetings or any other meetings and that FMA send a formal letter informing the AMA that it is withdrawing its delegation because of their poor performance on healthcare reform issues. It also resolved that money saved from not sending the delegation to AMA meetings be pooled with other like-minded societies to create a coalition aimed at creating a national healthcare policy plan and hire lobbyists and attorneys to promote the practice of medicine. The mission of this coalition will be similar to the mission of FMA, i.e. “helping physicians practice medicine”.

This resolution was debated ad nauseam initially at the Lower West Coast Caucus then at the Reference Committee where it was recommended that it should not be adopted. In the House of Delegates, it was extracted and debated again by the full House. The debate was very robust, emotional and lengthy. At the end it was decided that ‘FMA should not withdraw from AMA and continue to bring about changes from within the AMA. The FMA is already a member of the Coalition of State Medical and National Specialist Societies which has expressed much dissatisfaction with the AMA but maintains a goal to change AMA from within and not to secede’.

Another resolution put forward by Hillsborough County (10-

205) also suggested leaving AMA. But first it asked the FMA Board to ask the AMA to devote substantial financial resources toward a public relations lobbying campaign to pass the federal legislation described in resolution 204 at the 2010 AMA Annual Meeting. If AMA continues to fail to ensure economically sound medical practice without interference from third party payers and coerced compliance with expensive regulations, then the FMA Board is directed to publicly withdraw its delegation to the AMA. After hearing arguments both supporting and opposing, the Reference Committee agreed that a strong message needs to be delivered to the AMA regarding its commitment to aiding physicians, but decided a substitute resolution was necessary to achieve this goal. It also noted that the AMA has excellent policies, but to be effective, the AMA needs to adhere to them. A substitute resolution was offered by the author and accepted by the house.

Another resolution of note was 10-112 offered by the Collier County delegation. It asked the FMA to support and endorse bringing biomedical enterprises to Florida in order to develop and promote genetic research in the form of Biomedical Villages, defined as regional areas/research parks comprised of biochemical companies, schools of allied health, medical schools and tertiary healthcare facilities and promote relationships with Florida medical schools, universities and biochemical companies. (During the debate it was mentioned that this resolution was put forward to gain FMA support for relocation of Jackson Labs in Collier County). Initially this resolution was not adopted by the Reference Committee but was extracted and debated in the House of Delegates. As the resolution only sought endorsement and not any specific action on the part of the FMA, the House adopted it.

There were several other important resolutions: some of them were adopted, some referred to the Board, and some recommended not to be adopted. Because of the space constraint I am unable to go into detail here, but would be happy to provide a list of all the resolutions and the actions taken by the House to anyone interested.

In summary, it was a busy and productive weekend, with a cram course in parliamentary procedures. 7AM to 10PM is just too long a day, especially when Disney is having fireworks outside of your hotel doors.

(Disclosure: Most of the information regarding resolutions have been paraphrased and abbreviated by me but some lines have been taken directly from the Reference Committee reports.)

“A system that separates Authority from Responsibility and misdirects Accountability is fatally FLAWED.”

Recipient of the FMA's Certificate of Merit Award

Steve R. West, MD, FMA Past President



First I want to thank LCMS President Craig Sweet, LCMS Officers, Board members and the membership for placing my name in nomination for the FMA Certificate of Merit Award. This is the Association's highest award. I was one of four recipients to receive this award during the FMA's meeting of the House of Delegates. Dr. E. Coy Irvin, Dr. Vincent DeGennaro and Dr. Carl Lentz also were honored. I truly am honored to receive such recognition for my service to our profession.

I am happy to report that my service to the FMA will continue. I was elected to the position of chair of the FMA Delegation to the AMA. Our delegation to the AMA will have its work cut out for it. The FMA has throughout the healthcare debate been critical of the AMA's approach to the Congress and the President. The FMA has continued to remind and request of the AMA Board to follow the very good AMA healthcare policy that has been developed over several years. It is the opinion of the FMA House of Delegates that the AMA Board has not been true to AMA policy. The AMA no longer represents physicians. The FMA Delegation's task will be to refocus the AMA and have the AMA Board rededicate the AMA Mission to **"Helping Physicians Practice Medicine"**. The statement should sound familiar? That phrase is the FMA's mission statement. The FMA Delegation to the AMA plans to make it the mission statement of the AMA.

At the meeting AMA President Cecil Wilson and AMA Speaker Jeremy Lazarus answered questions from at times very angry Florida Physicians. The LCMS's Resolution authored by Dr. Doug Stevens was very timely and appropriate, crystallizing the sentiment of the majority of the Delegates at the meeting. The House of Delegates voted not to leave the AMA and voted to continue to send a delegation to the AMA. The HOD made clear it's will. The HOD instructed the FMA Delegation work to change the AMA making it a more effective advocate for physicians and the practice of medicine. As chair of the delegation, it is my responsibility to deliver the message of no confidence to the AMA Board and to work with like-minded states and specialty societies to change the AMA. Below is the press release that was sent out following the FMA HOD meeting.

For Immediate Release

August 16, 2010

Florida Medical Association Sends 'No Confidence' Message in Current AMA Leadership to American Medical Association

Orlando--Florida Medical Association (FMA) President Madelyn E. Butler, M.D., released the following statement today regarding the FMA House of Delegates' vote this weekend to send a letter to the American Medical Association (AMA) regarding its recent handling of federal health care reform. The FMA met in Orlando this weekend for its Annual Meeting, and House of Delegates members discussed a resolution that would end the FMA's practice of electing and sending a delegation to the AMA's annual meeting:

"The FMA House of Delegates strongly believes that the American Medical Association has failed to represent practicing physicians on the issue of health care reform. The FMA has voted to express these grave concerns to the AMA by sending a letter conveying a vote of 'no confidence' in the current AMA Leadership regarding this issue. After passionate debate and testimony, the overwhelming sentiment was that the FMA members and leadership continue to have serious concerns about the effectiveness of the AMA and its ability to represent physicians' interests.

"It is important that the FMA continues to advocate for Florida's physicians and our 20,000-plus members and ensure that Florida's physicians stay engaged as we develop federal policy and advocacy positions on behalf of organized medicine. Therefore, the FMA will continue to send a delegation to the AMA's annual and interim meetings. We are hopeful that the AMA will recognize the concerns of the FMA, one of the largest and most representative health care associations in the nation, and we will continue to ensure that the FMA aggressively carries out its mission in Florida of helping physicians practice medicine."

Once again thank you for nominating me for the Certificate of Merit Award. I remain committed to the FMA mission **"Helping Physicians Practice Medicine"**.

Lee County Medical Society Alliance News

Tami Traiger

FMAA Meeting in Orlando

Having just gotten back from the Florida Medical Association Alliance Meeting at the Bonnet Creek Resort in Orlando, I can tell you that the FMAA is off to another great year of leadership and changes! Mariquita Anderson, Mary Macchiaroli, Betty Rubenstein, and Tami Traiger who attended as delegates represented our Lee County Alliance. We started our weekend early Friday morning with the opening of the House of Delegates; we had a delicious awards luncheon, followed by guest speakers, and the installation of new officers. Saturday we attended a Presidential brunch in honor of outgoing President, Ann Andersen and celebrating incoming President, Shar Donovan.



Alliance Delegation: Tami Traiger, Betty Rubenstein, Mary Macchiaroli, Mariquita Anderson

Here are a few of the highlights of the meeting and important items affecting our Alliance:

- Mary Macchiaroli was installed as a District Vice President and was elected to serve on the FMAA Finance Committee. Mary also served as co-chair of the 2010 Annual Meeting in Orlando and was in charge of the delicious Saturday brunch!
- Tami Traiger was appointed Bylaws Chair for the FMAA.
- The FMAA Board voted to discontinue dues collection for the AMAA. This decision is based upon cost of dues collection by the FMAA and the de-unification of the state alliances by the AMAA. **What does this mean for our members? All members will now be billed by the AMAA for their portion of Alliance dues that were increased to \$50 this year.**
- The House of Delegates for the FMAA voted to increase FMAA dues from \$40 to \$50.

Potluck in Paradise

Please respond quickly to Potluck in Paradise. Potluck will be held on Saturday, October 2nd at the home of Lori & Frank Rodriguez. Co-chairs Rahel Brown, Lori Rodriguez, Betty Rubenstein & Bobbie Daitch have been busy planning this event. The flyer is an insert to this newsletter. This event is a Lee County tradition and a great way to connect with old and meet new members of the medical community.

LCMS Alliance Annual Potluck in Paradise

Do you have a new doctor joining your practice?

Do you know of a new doctor or doctor's spouse that is new in town?

The Lee County Medical Society Alliance will be holding their annual Potluck in Paradise to welcome new physicians and their spouses to town. Contact the Medical Society office and we will be happy to send them their own personal invitation.

All LCMS & Alliance members are invited to attend, please see the insert and make your reservations today!

Flu Vaccinations for Healthcare Personnel

The CDC recommends flu vaccination for all people age 6 months and older.

It is important that you start to promote vaccinations in your medical practice NOW to both your patients *and particularly* all personnel in your office.

Ways that you might get all personnel to agree to vaccinations include:

- 1) Have a drawing among recipients
- 2) Offer some sort of perks for recipients
- 3) Have a declination signed if employee refuses vaccination (*Available at www.immunize.org/catg.d/p4068.pdf*)

Healthcare Reform Timeline — 2012 - 2013

On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. The following timeline provides implementation dates for key provisions for 2012-13. 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 issue and the 2011 guidelines in the July Issue. The 2014-2015 guidelines will be printed in the upcoming Bulletin.

2012

Medicare

- Make Part D cost-sharing for full-benefit dual eligible beneficiaries receiving home and community-based care services equal to the cost-sharing for those who receive institutional care.
- Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program.
- Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions.
- Reduce annual market basket updates for home health agencies, skilled nursing facilities, hospices, and other Medicare providers.
- Create the Medicare Independence at Home demonstration program.
- Establish a hospital value-based purchasing program in Medicare and develop plans to implement value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers.
- Provide bonus payments to high-quality Medicare Advantage plans.
- Reduce rebates for Medicare Advantage plans.

Medicaid

- Create new demonstration projects in Medicaid to pay bundled payments for episodes of care that include hospitalizations (effective January 1, 2012 through December 31, 2016); to make global capitated payments to safety net hospital systems (effective fiscal years 2010 through 2012); to allow pediatric medical providers organized as accountable care organizations to share in cost-savings (effective January 1, 2012 through December 31, 2016); and to provide Medicaid payments to institutions of mental disease for adult enrollees who require stabilization of an emergency condition (effective October 1, 2011 through December 31, 2015).

Quality Improvement

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

2013

Insurance Reform

- Create the Consumer Operated and Oriented Plan (CO-OP) program to foster the creation of non-profit, member-run health insurance companies in all 50 states and the District of Columbia to offer qualified health plans. (Appropriate \$6 billion to finance the program and award loans and grants to establish CO-OPs by July 1, 2013)
- Simplify health insurance administration by adopting a single set of operating rules for eligibility verification and claims status (rules adopted July 1, 2011; effective January 1, 2013), electronic funds transfers and health care payment and remittance (rules adopted July 1, 2012; effective January 1, 2014), and health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, and referral certification and

authorization (rules adopted July 1, 2014; effective January 1, 2016). Health plans must document compliance with these standards or face a penalty of no more than \$1 per covered life. (Effective April 1, 2014)

Prevention/Wellness

- Provide states that offer Medicaid coverage of and remove cost-sharing for preventive services recommended (rated A or B) by the U.S. Preventive Services Task Force and recommended immunizations with a one percentage point increase in the federal medical assistance percentage (FMAP) for these services.

Quality Improvement

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

Medicare

- Begin phasing-in federal subsidies for brand-name prescriptions filled in the Medicare Part D coverage gap (to 25% in 2020, in addition to the 50% manufacturer brand-name discount).
- Establish a national Medicare pilot program to develop and evaluate paying a bundled payment for acute, inpatient hospital services, physician services, outpatient hospital services, and post-acute care services for an episode of care.

Medicaid

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

Quality Improvement

- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.

Tax Changes

- Increase the threshold for the itemized deduction for unreimbursed medical expenses from 7.5% of adjusted gross income to 10% of adjusted gross income for regular tax purposes; waive the increase for individuals age 65 and older for tax years 2013 through 2016.
- Increase the Medicare Part A (hospital insurance) tax rate on wages by 0.9% (from 1.45% to 2.35%) on earnings over \$200,000 for individual taxpayers and \$250,000 for married couples filing jointly and impose a 3.8% assessment on unearned income for higher-income taxpayers.
- Limit the amount of contributions to a flexible spending account for medical expenses to \$2,500 per year increased annually by the cost of living adjustment.
- Impose an excise tax of 2.3% on the sale of any taxable medical device.
- Eliminate the tax-deduction for employers who receive Medicare Part D retiree drug subsidy payments.

Thanks Medical Society for Support for Diabetes Camp

We would like to thank all the Lee County Medical Society members that contributed to the McCourt Scholarship Fund. Because of your contributions we were able to send five children to the Florida Camp for Children and Youth with Diabetes. The scholarship is awarded to children from Lee County so that they can learn about their disease and shows them that they can lead a normal, healthy life while managing their disease.

Please consider contributing to the fund in 2011, it is a contribution of \$50 and it provides children who can not afford it a very special opportunity. Just check off the box for McCourt Scholarship Fund when you receive your 2011 dues.

Stephen R. Zellner, MD, Chair
McCourt Scholarship Fund

Dear Dr. Zellner:

Thank you for the continued support of the programs of Florida Camp for Children and Youth with Diabetes. I truly appreciate working with you in assuring that five children from Lee County could attend the programs this summer. The donation of \$2,850 really made a difference for these children and their families.

Please extend to the members of the Lee County Medical Society our deep thanks for this continued support. With very best wishes,

Sincerely,
Rosalie Bandyopadhyay
Director
Financial Aid and Scholarships

Dear Lee County Medical Society,

Brycen & I would like to send you our thanks for your help in getting us a scholarship for camp. If it wasn't for your generosity Brycen wouldn't have been able to attend camp this year. He has such a great time in camp and makes a lot of new friends!

Thank you again.

Sincerely,
Brycen & Nancy

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Attorney General’s Crime Victim Compensation Program

The Florida Attorney Generals Division of Victim Services not only serves as an advocate for crime victims and victims’ rights, it also administers the Victim Compensation Program to ensure financial assistance for innocent victims of crime.

Injured crime victims may be eligible for financial assistance for medical care, lost income, mental health services, funeral expenses and other out-of-pocket expenses directly related to the injury. If needed, they can also be referred to support organizations with their home area.

Victims wishing to apply for assistance, check on the status of their applications or in need of any other assistance can contact the division toll free from anywhere in the United States.

The toll-free number is 1-800-226-6667.

For more information on this program please visit the website www.myflorida.legal.com.

Please contact Aisha Lewis at 239-344-4924 x114 for more information or if you would like to help victims of crime by becoming a provider.



September is Women in Medicine Month

The Lee County Medical Society would like to thank women physicians for their contributions to medicine in our community.

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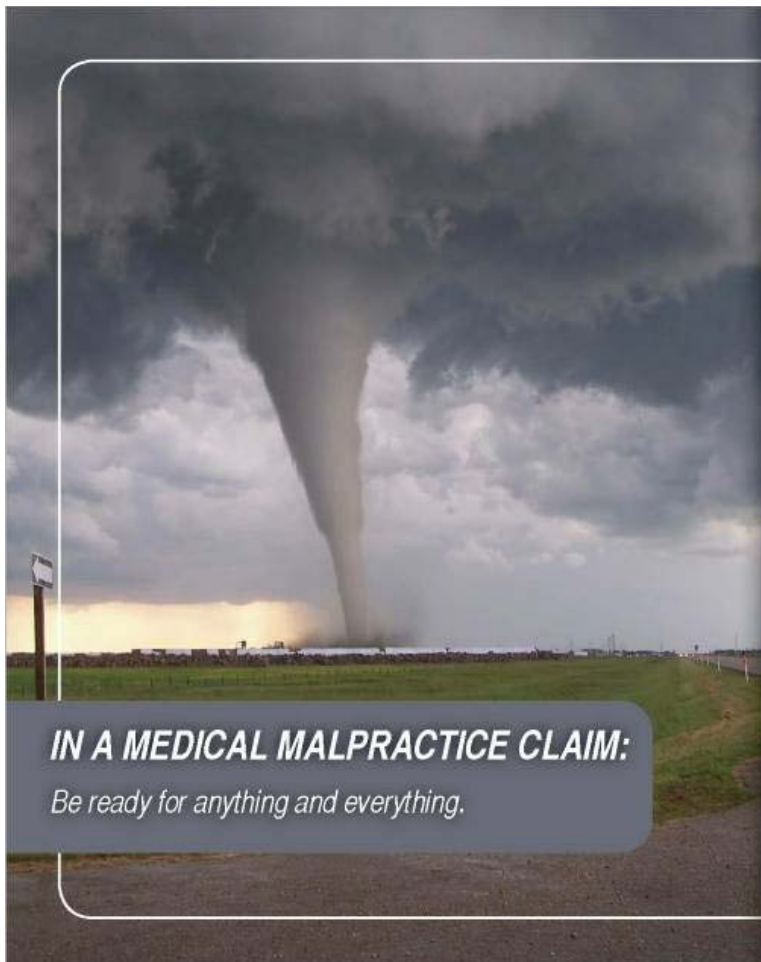
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