LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

Physicians Caring for our Community

Editor: Mary C. Blue, M.D.

Volume 37 Issue 1

January 2013

2013 Meetings & Events

Lee County Medical Society General Membership Meeting

Annual Medical Service Awards
2013 Installation of Officers
Honoring Life Members

Friday, January 18, 2013

Royal Palm Yacht Club
2360 West 1st Street
Fort Myers, FL 33901
6:00 p.m. Social Time
7:00 p.m. Dinner – Program

Installation of 2013 LCMS Officers
Honoring 2012 Life Members
Annual Medical Service Awards

RSVP: Medical Society Office

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

SAVE THE DATE

FEBRUARY 9, 2013
EVERBLADES HOCKEY GAME
7:00 PM

MARCH 9, 2013
TWINS VS REDSOX
7:00PM

Watch for ticket information

INSERTS

Kiwanis Science Fair
HMA (Health Management Association) Application
January Annual Meeting
VirtualTax.Biz

Inside This Issue:

President's Message:

The Changes Ahead

Audrey Farahmand, M.D.

I have been elected to serve as the 81st President of the Lee County Medical Society. I am the second female physician to be president and it is with great pleasure and honor that I accept this position.

It is hard to imagine that Lee County Medical Society was formed 86 years ago in 1927 with only 11 members. Even then, the need for an organized medical association was readily apparent. Compare that to today, we have 570 active members and 70 retired members and the need for organized medicine is greater today as we face issues our predecessors could not imagine.

One of our biggest concerns is how the Affordable Care Act will affect our practices. For example, the free annual exam promised by the Affordable Care Act puts physicians in an awkward position with their patients. The free annual exam has its own specific code that cannot be mixed with another code such as newly reported shortness of breath. This annual visit covers the exam and "discussion about the status of previously diagnosed stable conditions." That's the exact wording under that code — insurance will not cover any new ailment under that code. Therefore, the patient will need to be made aware that they are not financially covered under the free annual exam if they want to discuss any new or unstable condition. Surely, this will leave the patient feeling they have been "baited and switched" or leave the physician feeling they need to provide those extra services for free to avoid committing fraud and to avoid the angry patient phone calls. Also, patients wanting to discuss new symptoms with their physician during this free annual exam might find it annoying that the physician is mandated to redirect the discussion to cover questions such as weight loss, smoking, seat belts, family life and sexual abuse. This is only one example of uncertainty under ACA.

Another physician concern is the uncertainty of whether or when SGR cuts will occur and how this will impact patient access to care. A large number of Lee County residents already are uninsured. Those residents who are insured choose plans with lower monthly premiums but high deductibles, leaving them to choose to forgo medically necessary treatments because they cannot afford their out of pocket cost. Many of our physicians have voiced that if the cuts are implemented, they will be forced to not accept any new Medicare patients.

A third issue our physicians are facing is Information Technology. The financial incentives offered to practices using Electronic Medical Records has been the driving force behind many doctors switching to this technology. EMR has many positive features such as prevention of drug interactions or medical ordering errors. However, many physicians find EMR expensive, cumbersome and time consuming. One may argue that the use of EMR actually increases the cost of healthcare as it allows physicians, at the click of a button, to document a normal comprehensive physical exam, or review of systems on the record even though these have not been performed. Of course, these should not be checked off or coded for if not performed; but physicians are not saints, and they realize that they are reimbursed for what they document and not necessarily what they perform.

A fourth looming transition will be conversion to ICD-10 in 2014. This system will expand the number of diagnosis codes from 17,000 to 155,000 and affects both small and large practices.

Indeed, the need for organized medicine is greater today than it ever was. LCMS's Board of Governors will be working hard this year to keep you updated on these changes and we look forward to your participation and input.

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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 gaurd and faster 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

Retired
Lynda Hicks, MD

Resigned
Kevin Campbell, MD
Bette Harig, MD

Membership Dues

Membership Dues are past due as of January 31, 2013.
Please contact us if you will need to make payment arrangements.
LCMS Dues have not increased since 1993.

New Applicants

Evgeny Krynetskiy, MD – Dr. Krynetskiy received his MD degree from Drexel University College of Medicine, Philadelphia, PA 2002-2006. He completed his internship and residency at Hahnemann University Hospital/Drexel University Hospital in Orthopedics 2006-2011. Dr. Krynetskiy completed a fellowship in Foot and Ankle Surgery at Duke University Medical Center, Durham, NC 2011-2012. He is in group practice with Joint Implant Surgeons of Florida, 7331 College Parkway, Suite 300, Fort Myers, FL 33907 – Tel: 239-337-2003.

Allison Yee, MD – Dr. Yee received her MD degree from Indiana University, Indianapolis, IN 2002-2006. She completed an internship at St. Vincent's Hospital, Indianapolis, IN 2006-2007, a residency at Indiana University Department of Ophthalmology, Indianapolis, IN 2007-2010 and a fellowship in Oculoplastic Surgery at Indiana University/Midwest Eye Institute, Indianapolis, IN 2010-2012. She is in group practice with Eye Centers of Florida, 4104 Evans, Ave. Fort Myers, FL 33901 – Tel: 239-939-3456.

Julia Fashner, MD – Dr. Fashner received her MD degree from Wright State University Boonshoft School of Medicine, Dayton, OH 1993-1997. She completed her internship and residency in Family Medicine at Wright State University, Dayton, OH 1997-2000. Dr. Fashner is in group practice with Lee Physician Group, 2780 Cleveland Avenue, Ste 709, Fort Myers, FL 33901 Tel: 239-343-3831.

ATTENTION LCMS PHYSICIANS

We are looking for physicians that provide Flight Exams. If your practice provides this service, please call the Medical Society at 936-1645

The Physicians Foundation Identifies Top Five Issues to Impact Physicians and Patients in 2013

2013 Watch List Based on Foundation's Recent Research Studies and Policy Papers

Boston, MA, December 10, 2012 – As the New Year approaches, The Physicians Foundation – a nonprofit organization that seeks to advance the work of practicing physicians and help facilitate the delivery of healthcare to patients – has identified five issues that are likely to have a significant impact on patients and physicians in 2013. The Physicians Watch List for 2013 is based on research studies and policy papers issued by the Foundation in 2012, including the 2012 Biennial Physician Survey, the 2012 Next Generation Physician Survey and the 2012 U.S. Healthcare Highway Report, among others.

1. Ongoing uncertainty over PPACA. Despite the Supreme Court decision upholding most of the provisions in the Patient Protection and Affordable Care Act (PPACA) and the re-election of President Obama, considerable uncertainty persists among patients and physicians regarding actual implementation of the Act. Much of the law has yet to be fully defined and a number of key areas within PPACA – including accountable care organizations (ACOs), health insurance exchanges, Medicare physician fee schedule and the independent payment advisory board – remain nebulous. The Foundation's 2012 Biennial Physician Survey found that uncertainty surrounding health reform was among the key factors contributing to 77 percent of physicians being pessimistic about the future of medicine. In 2013, physicians will need to closely monitor developments around the implementation of these critical provisions, to understand how they will directly affect their patients and ability to practice medicine.

2. Consolidation means "bigger." But is bigger better? Large hospital systems and medical groups continue to acquire smaller / solo private practices at a steady rate. According to a Foundation report pertaining to the future of U.S. medical practices, many physicians are seeking employment with hospital systems for income security and relief from administrative burdens. However, increased consolidation may potentially lead to monopolistic concerns, raise cost of care, and reduce the viability and competitiveness of solo / private practice. As the trend toward greater medical consolidation continues across 2013, it will be vital to monitor for possible unintended consequences related to patient access and overall cost of care.

3. 12 months to 30 million. In 2014, PPACA will introduce more than 30 million new patients to the U.S. healthcare system. This provision has considerable implications relative to patient access to care and physician shortages. According to the Foundation's Biennial Physician Survey, Americans are likely to experience significant challenges in accessing care if current physician practice patterns continue. If physicians continue to work fewer hours, more than 47,000 full-time-equivalent (FTE) physicians will be lost from the workforce in the next four years. Moreover, 52 percent of physicians have limited the access of Medicare patients to their practices or are planning to do so. As the 12-month countdown to 30 million continues across 2013, physicians and policy makers will need to identify measures to help ensure a sufficient number of doctors are available to treat these millions of new patients – while also ensuring the quality of care provided to all patients is in no way compromised.

4. Erosion of physician autonomy. The Physicians Foundation believes that physician autonomy – particularly related to a doctor's ability to exercise independent medical judgments without non-clinical personnel interfering with these decisions – is markedly deteriorating. Many of the factors contributing to a loss of physician autonomy include problematic and decreasing reimbursements, liability / defensive medicine pressures and an increasingly burdensome regulatory environment. In 2013, physicians will need to identify ways to streamline these processes and challenges, to help maintain the autonomy required to make the clinical decisions that are best for their patients.

5. Growing administrative burdens. Increasing administrative and government regulations were cited as one of the chief factors contributing to pervasive physician discontentment, according to the Foundation's 2012 Biennial Physician Survey. Excessive "red tape" regulations are forcing many physicians to decrease their time spent with patients in order to deal with non-clinical paper work and other administrative burdens. In 2013, physicians and policy makers will need to work closely together to determine steps that will effectively reduce gratuitous regulations that negatively affect physician–patient relationships. According to a recent Foundation report, the creation of a Federal Commission for Administrative Simplification in Medicine could help reduce these regulations by evaluating and reducing cumbersome physician reporting requirements that do not result in cost savings or measurable reductions in patient risk.

"2013 will be a watershed year for the U.S. healthcare system," said Lou Goodman, Ph.D., president of The Physicians Foundation and chief executive officer of the Texas Medical Association. "It is clear that lawmakers need to work closely with physicians to ensure that we are well prepared to meet the demands of 30 million new patients in the healthcare system and to effectively address the impending doctor shortage and growing patient access crisis."

"We hope that the Foundation's research and insights serve as a pragmatic resource that will help policy makers, physicians and health-care providers formulate smart policy decisions that are beneficial to America's patients and doctors," said Walker Ray, MD, vice president of The Physicians Foundation and chair of the Research Committee.

Source: The Physicians Foundation

The Moral Hazard

Shahid Sultan, M.D.

As a neonatologist I take care of premature infants whose average hospital stay is around four weeks. A question which I am almost always asked by the parents is, "When can my baby go home?" I was really surprised when one of the dads asked me to hold the discharge of his son after a NICU stay of four and a half months. [He was one lb and 8.5 oz (690gm) at birth and was born after 23 weeks of gestation]. The reason for his unusual request was even more surprising. He had just received his son's hospital bill which was close to a million dollars. He wanted it to cross a million so he could call his son a "million dollar man". (I am pretty sure he got his wish after receiving bills from other practitioners involved in the care of his son). His wife told him to hush up as she wanted to get out of the hospital as soon as possible. They both were well educated, had good jobs that provided the family with good health coverage. Was the reason for his request based upon the fact that he was not directly paying for his son's care? In other words, was it because of the Moral Hazard which has been applied to similar circumstance by the insurance industry? The Moral Hazard was also mentioned frequently by the banks and mortgage companies when they were asked to provide mortgage relief to the defaulting homeowners. It is an obscure term coined by the insurance industry referring to individuals taking undue risks when they don't have to bear the consequences. In other words, if the money is free why not spend it? Co pays, deductibles, down payments, etc. are based upon this notion of individuals having a "skin in the game".

Recently, this logic has been applied frequently in health care. Opponents of Obamacare were adamant that expanded coverage will increase the health care expenditure as people will use more services regardless of their cost, compared to the private market place, where individuals will have an incentive to drive the cost down. In recent elections some candidates had pushed for individual responsibility and private markets to drive down the health care expenditure.

The financial impact of Obamacare is still to be seen but I doubt that there is any Moral Hazard when it comes to healthcare. Even the father I mentioned above was petrified beyond belief when I informed him of impending delivery of his son at 23 weeks of gestation. He wanted to have nothing to do with the NICU or the hospital in general. He wanted a full term baby who would go home with him in two days. A NICU stay was not his choice. The point I am trying to make is that in medicine, patients often really don't have a choice. When you are considering buying a car, the decision comes down to the price, prestige or the appearance of the car as they all can take you from point A to B. But not in medicine, when you are diagnosed with a cancer you don't have a choice of what kind of chemotherapy you are going to receive, the same is true for a heart attack or a stroke. The choices made in health care do not have anything in common with competition driving down the price. Unlike a car buyer, the price does not influence the treatment choices. Patients may have a choice to buy less coverage and a cheaper insurance policy, but ultimately someone will have to pay the price. A cheaper insurance plan does not always get you from illness to health as a cheaper car can get you from point A to B. Like my patient above, parents had a choice between staying in the hospital for more than 4 months or let the child die. Did having a good health insurance policy come in to play? ---I doubt it.

When we think about our personal health care we all have skin in the game. Actually we have our hearts, brains, legs, lungs, in fact our whole body in the game. In dire situations of severe illness, we really don't have a choice; there is no old Chevy we can buy as an alternative. We are not in a position to think financial incentives or frugality because we all just want to get better and go home. For my patients and their parents there are no other options; either be a NICU graduate with a one million dollar tab or die... who says they did not have skin in the game?

9 Steps to Improve Insurance Contract Management

Gerald P. Giglia, CPA

Medical practices have known for a very long time the playing field is significantly tilted when it comes to dealing with insurance companies. Part of this is caused by how little practices know about their costs and revenues. This knowledge would take the practices a long way in leveling some of the tilted playing field. Although medical practices are unique, they are still a business. No other type of business would be in a position of not knowing their cost for each procedure and how revenue is calculated for each procedure. If physicians knew their cost by procedure and how their revenue was determined by procedure and by insurance company and product, they could level that playing field more. Or put it another way – they would be in a better position than without this knowledge.

I believe there are nine very specific steps you can implement in your medical practices, regardless of size or specialty, to modify this disadvantage. So let's briefly outline and discuss these nine steps.

1. Review and understand your contracts and the different products within the contracts. Far too often the practices do not understand how revenue is determined. Each insurance contract uses a different methodology of computing the reimbursement. Most of the time it is some derivative of Medicare even though it is not a Medicare product. For example, the relative value units used could be for different Medicare years, the conversion factors could vary, and the discount or premium could be different for each product within the contract.

2. Assure payments agree to the contracts. In other words, how can you run a business if you are not sure whether the contract is being honored for every product and for every insurance. It's not going to matter if you are so concerned about declining reimbursements if your current reimbursement is not correct. Most medical practices utilize sophisticated software which could provide significant controls over reimbursement and EOB review, however, the practice has not input all of the reimbursement rates for all products and all insurances.

3. Allocate overhead to all CPT codes/procedures. It's a significant issue that medical practices don't know the cost of their services. As stated at the beginning, what business would be in this predicament if you are working to achieve a profit and compensation? You may know your total cost for the quarter or year but this cost has not been allocated to what you are selling – quality and effective health care. You can rather easily and effectively do this with relative value units or other allocation methods.

4. Profit centers by codes and insurance products. Once you have allocated your cost to the medical procedures now you are in a position to determine profit or loss for each procedure by insurance product. This is simply done by comparing the revenues or reimbursement rate determined by analyzing each contract with your cost per procedure determined in the step above.

5. Collect performance data on each insurance company and product. Practices talk about this data a great deal especially when complaining about a particular insurance company but typically don't use this valuable information. As you will see later in this article, once you began developing your negotiating strategy, this information will be critically important. Examples of this information are A/R issues, claims filing issues, denial concerns, authorization issues, payment turnaround, etc.

6. Developing quality care measurements and cost control measurements. We have become aware that the sustainability of medical practices will be impacted on the measurements of quality care and cost control. The Affordable Care Act has initiated several projects under the Accountable Care Organization model that will measure quality using 33 quality metrics. In developing your insurance negotiating strategy these metrics should be implemented to demonstrate the practices' objective of quality care and cost effectiveness.

7. Understand each insurance's renewal policies and procedures. This is an area that few people outside and sometimes inside the health insurance industry understand. Each insurance company is different and it's changing all the time as their profit strategy and the reform environment changes. For example, since most contracts are "evergreen" the original contract terms could be for two or three years. Once the original term is completed, you could have one year contracts thereafter with the possibility for negotiated rates. What most do not know is that these negotiated rates could be represented in another new contract or in an addendum. This could be significant when attempting to negotiate in subsequent years.

8. Developing a negotiating strategy by insurance. Now that you understand your revenues from your contracts, your allocated cost by procedure, profit and loss by procedure and insurance, insurance performance issues, the measurements of quality care and cost control, and the nuances of contract renewals, you are ready to develop your negotiating strategy. Far too often a medical practice either signs a new contract with no idea of the specific impact on the practice or errs on the other extreme by not signing the renewal contract. Both approaches are equally wrong. The effective and appropriate approach is to collect the data above, convert it to information and make your case. You will usually be in a better place when negotiating with information rather than using emotions or a guess at best.

9. Develop a relationship with your contract representative. On principle this may seem to be an impossible challenge since your position and theirs can be adversarial. Most of these insurance contract representatives are overworked and overwhelmed. They are difficult to contact either with an email or phone. You have to be persistent, businesslike, information/metric driven, and determined when dealing with them. As in other business dealings you have to develop a relationship to the extent you can. Use business facts and metrics to make your point.

In conclusion, as mentioned the playing field has been titled for a long time between medical practices and insurance companies. Unfortunately this will continue. However, if you can manage your insurance contracts with the 9 steps discussed above, your medical practice will be in a much stronger position because now you are managing your business with knowledge and information.

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2012 LCMS & Alliance Holiday

The Lee County Medical Society and Alliance held our Annual Holiday Party on Monday, December 3, 2012 at the Gulf Harbour Golf and Country Club. The ambience and festivities made for a beautiful evening. Sponsoring our event this year was FineMark National Bank and Trust and The Doctors Company (FPIC).

We would like to thank the LCMS Alliance for their contribution of the holiday basket that was raffled. $1,266.17 was raised from the holiday basket raffle and the proceeds went to the Betty Allen Ovarian Cancer Foundation. We would also like to thank Valarie Hoffman and her assistant, Sarah, for donating their time and materials in doing the holiday portraits for the LCMS physicians. She collected $530 from the Holiday Portraits.













LEE COUNTY MEDICAL SOCIETY INC.

LCMS Friends in Medicine

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

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The Mission of the Professionals Resource Network

Martha E. Brown, MD, Assistant Medical Director, PRN
and Associate Professor of Psychiatry, University of Florida College of Medicine
Judy Rivenbark, MD, Medical Director, PRN

The mission of the Professionals Resource Network (PRN) is twofold. One of PRN's missions is to help practitioners who have problems or potential problems with substance abuse or dependency, psychiatric issues, behavioral issues (disruptive and boundary), cognitive illness (such as dementia), and physical illness that could affect their ability to practice with reasonable skill and safety. The other mission of PRN is to protect Florida's citizens by identifying and monitoring impaired practitioners, and when indicated, intervening upon and ensuring they seek evaluation and the correct treatment for their impairment. Ultimately, PRN seeks to rehabilitate these practitioners and assure their safety to practice. PRN is the consultant on the above issues to the Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR). As such, PRN is accountable not only to DOH and DBPR, but also to 29 Boards and Councils.

A practitioner can enter into PRN in one of three ways: self-referral, as a referral from DOH, DBPR, or the licensing Board, or through the licensing process.

1. Self-referral: When an individual self-reports to PRN, it is often on the advice of employers, colleagues, treatment providers, attorneys, or family members. If a person self-refers to PRN and his/her level of impairment has not risen to the level of patient harm, the practitioner's licensing Board never becomes involved with the practitioner. Eighty percent of PRN's participants are not known to their respective Boards.

2. DOH, DBPR, or the individual's licensing Board: When DOH files a complaint regarding a practitioner, it recommends that they contact PRN. Often, if impairment is the only issue and there has been no patient involvement or harm, as the case proceeds through the steps necessary to come before the Board, the panel of the licensing Board will not find probable cause if the individual has contacted PRN and followed PRN's recommendations (including signing a monitoring contract). In this case, the individual's license will never reveal disciplinary action. If there has been patient involvement or harm, then the case usually proceeds through probable cause to the Board. As part of the settlement agreement with the Board, a clause is often included referring the individual to PRN.

3. Licensing process: If an individual answers "yes" to questions on his or her license application indicating there may be an impairment issue, the Board that licenses the individual frequently will refer them to PRN for evaluation and, if needed, a monitoring contract.

When an individual contacts PRN in one of the above three ways, it is usually by phone. PRN learns as much as possible from the practitioner and identifies any information the Boards may have. The practitioner is then referred to an evaluator. Depending upon the reason for the referral, PRN provides the names and locations of three evaluators who specialize in the fields of the health care practitioner's potential impairment. PRN then accumulates all of the data available about the practitioner and forwards this to the evaluator the practitioner has chosen. When the evaluator returns the evaluation to PRN, a decision is made based on the report, information that PRN has accumulated, and PRN's prior experience whether the practitioner requires treatment and/or a PRN contract. If the individual has been referred by DOH or by its respective Boards, then the Department or Board is notified of PRN's findings and recommendations. If necessary, the individual then enters into a PRN contract. When treatment is required, the practitioner is given the names of three facilities (if it is to be inpatient or intensive outpatient treatment), or three individuals capable of treating the person on an outpatient basis. If monitoring rather than treatment is required, PRN will work with the practitioner to establish appropriate oversight. A PRN contract varies in length. Contracts can be as short as one year, and up to licensure long, depending on the diagnoses and the individual's stability. These contracts are binding and are covered under Florida Statute 456.072 (1) (HH). Failure to follow PRN's recommendations or the contract can result in PRN reporting the practitioner to their respective agency, DOH or DBPR, requesting either an emergency suspension or action against the practitioner's licensure until they are deemed to be able to practice with reasonable skill and safety.

Monitoring is done in multiple ways depending upon the impairment. Toxicology testing including urine, hair, nail, and even blood may be used on a random basis. The practitioner may be required to attend a weekly monitoring group. Additionally, they may be required to have psychological and/or neuropsychiatric testing once or on a scheduled basis. Many times, the practitioner must see a physician as well as a therapist on a regular basis and PRN will receive quarterly reports from the monitoring and treating personnel. With some diagnoses and difficulties, satisfaction surveys are required of all if the practitioner's patients and staff. All monitoring is done in very specific and methodical ways, including random checks on the individual's progress. If the practitioner follows all recommendations, PRN is able to advocate on the practitioner's behalf to the practitioner's licensing Board, to their insurance carrier, and to employers, if required.

If for some reason the practitioner falls out of compliance with their PRN contract, PRN has a "three strike" clause in the state contracts that they must follow and which guides what will happen. On the first issue of material non-compliance (relapse, positive drug test, significant work problems, arrest, etc.), if the participant chooses to ask PRN for another chance, PRN handles the issue internally. At this time, PRN may require the individual to refrain from practice, have another evaluation, and/or seek addition treatment. On the second issue of material non-compliance, PRN will request that the practitioner sign a voluntary withdrawal from practice, which PRN through DOH, will have posted on the practitioner's license. DBPR/DOH are not informed of the reason for the voluntary withdrawal, nor do they inquire. When the practitioner has followed all of PRN's recommendations and PRN has determined that they are again able to return to practice with reasonable skill and safety, PRN sends a rescission form to the DOH and the withdrawal is removed from the licensure website. On the third issue of material non-compliance, PRN notifies the Department by letter. If the participant agrees to remain in PRN to attempt to become compliant with PRN's recommendations, PRN will again post a voluntary withdrawal but they also must turn the entire file over to the Department which can result in Board action against the practitioner's license based on non-compliance.

If the practitioner declines to attempt to rectify their non-compliance, PRN will either ask for an investigation into the practitioner's ability to practice, or if PRN feels that the person is an imminent danger to the public, an emergency suspension order will be requested. When this happens, PRN cannot remove the voluntary withdrawal from the website. At this point, the voluntary withdrawal can be removed only after Board action.

PRN has an 80 to 90-percent success rate for participants ultimately doing well during a five-year monitoring contract. The success rate depends upon the diagnosis, and, in the case of chemical dependency, the substance being used. The general public success rate for first-time treatment is usually gauged at 10 to 25 percent. What makes PRN so successful is the contract length and the amount of accountability the program demands.

PRN is constantly working to improve the program. One of the ways to identify areas for improvement is through research. PRN has partnered with the University of Florida to bring PRN to the standard of complete evidence-based monitoring. We are a member of the Federation of Physicians Health Program and we use our research and the Federation's research to achieve this goal.

PRN is also one of the leaders in the nation in establishing contracts with medical schools for monitoring students. PRN believes that the earlier we intervene on impairment issues in a student, the less fulminating the disease or impairment becomes and the less harm to the public. All allopathic schools in Florida have ongoing contracts with PRN and just recently, Lake Erie College of Osteopathic Medicine (LECOM) also agreed to contract with PRN to help their students.

The challenges for the future are multiple. As always, obtaining appropriate funding is an issue. Through our contract with the DBPR/DOH, we are paid for monitoring and through DOH we receive a small allocation of research funds. Unfortunately, these contracts do not cover the full cost of research, scholarships for financially strapped participants, or updating equipment and technology on an as-needed basis. Another challenge is the changing political climate. As there are new appointments to the Boards every year, PRN must continually reestablish who we are and educate the Boards, state leaders, and health-care practitioners about the mission of PRN to both protect the public, as well as help practitioners who have problems in order that they may return to work and be productive again.

PRN is a 501 c (3) non-profit organization and has recently begun a campaign to raise tax-deductible donations to further help the practitioners of Florida. Any donation is appreciated, as it goes back to help the practitioners of Florida. PRN is also very fortunate to have a 22-member board and six individuals appointed as advisors to the board for two-year terms. The Florida Medical Association President appoints PRN board members and through them we maintain a relationship with the FMA and seek its guidance when needed. All of our board members are actively involved in PRN's fiscal policies and business practices, but have no involvement with the individual practitioners' files. The PRN office is open daily from 8 a.m. to 5 p.m., toll-free at (800) 888-8776 (8PRN), and is available 24 hours a day in an emergency. Remember: Reporting an impaired practitioner is not punishment. Monitoring a health care practitioner prevents harm to more than one person and may save the life either of a patient or of the practitioner.

Exclusive to LCMS Members Only

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

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

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

To take advantage of this opportunity, you need to sign-up with VHA

Contact information for getting started with the AT&T discount:
First, your facility would sign up with VHA/Novation (this is a non-exclusive agreement and gives them the right to negotiate with vendors on your behalf) and obtain a MID/LIC member number by emailing Heather Rehg at hrehg@vha.com; phone is 407-456 4359. This first step will make your facility eligible for the discounts with PSS (Physicians' Sales & Service), (medical supplies) as well.

Once signing up with VHA/Novation is complete, your facility may register for a FAN discount code with AT&T by emailing Thomas Coffman: tc7535@att.com<mailto:tc7535@att.com,
Estimated time of arrival for a new FAN code is 10-14 business days. Once this code is obtained, you can contact Ross Deuel, the AT&T GPO Manager at ross.deuel@att.com, his cell is 972-977-0248 to activate your discount or, it can be done on the AT&T website.

PSS (Physicians' Sales & Service) (medical supplies)
The contact is Justin Horne, at 239-850-3608. His prices are usually the best and he will match the price from someone else
Email: jhorne@pssd.com.

For both AT&T and PSS , please mention that this is through VHA/Novation and Lee County Medical Society to receive those discounts.

OfficeMax Supplies Discount Program

We have negotiated significant discounts up to **65%** or more on most office supplies. This program is free and exclusive to Lee County Medical Society members. As a LCMS member, you are in no way obligated to order through OfficeMax. However, you are automatically eligible to receive these discounts, and may find the program beneficial to your bottom line.

As part of our agreement, you can place orders via **www.officemaxsolutions.com** . Or, you can purchase from Office Max stores or catalogues. OfficeMax will provide user guides, catalogs and online training sessions (training sessions are available upon request).

There are many great benefits to this program including:

- Online ordering
- 24-hour order turn-around
- Personal Account Representative prepared to assist whenever needed
- A user-friendly website with live online assistance
- Employee Discounts
- Ability to chose lower cost alternatives at your finger tips with the Best Value Option
- OfficeMax Impress print and document services help save up to 30% on forms, flyers reports, and other document services

Remember, it is important to try to utilize contract items whenever possible. These items are deeply discounted and are indicated online by an orange "C". Your cooperation will result in significant cost savings and improved efficiencies of your office supply procurement process.

To get started, Call the Medical Society to receive forms neded to complete the credit application and data worksheet, then attach to an email to Sheniqua Bamberry at sheniquabamberry@officemax.com. You will receive correspondence with an account number; log in information and user guide to begin ordering online.

DocBookMD – What is DocBookMD? Smartphone platform designed by physicians for physicians

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

This is a free program exclusive to members only. The LCMS uses our database for DocBookMD. Our database would need to include the physician cell phone, if one is available, and an email address that you would want another physician to reach you.

DocBookMD – How Do I Register?

Download for **FREE** DocBookMD from: iTunes App Store or or Android Market
Click on I am new to DocBookMD
Enter your email address (the one of file with your Medical Society)
Create a new password for DocBookMd
Answer sponsor question
Complete HIPAA agreement (type full name as signature)
Check email for verification link from DocBookMD, click to complete
If email entered abouve is not recognized, follow steps below
Select Medical Society from drop-down list
Enter Medical Society number (call Medical Society for you LCMS ID #)
Answer sponsor questions
Complete HIPAA agreement (type full name as signature)
Now login with confirmed email and password
Answer "Ok" when asked to "Push Notifications"
Send your first message!
For assistance or have questions, email to: support@docbookmd.com

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

For help with any questions regarding the exclusive offers to LCMS members Please call the Medical Society at 936-1645 or email valerie@lcmsfl.org .

Word/DocBookMD/Exclusive to LCMS Members Only

LCMS CALENDAR OF EVENTS

JANUARY

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

15 **LCMS Board of Governors Meeting**

18 **LCMS General Membership Meeting**
Installation of 2013 LCMS Officers
Annual Medical Service Awards
Honor Life Members
Royal Palm Yacht Club
2360 West 1st St. Fort Myers, FL 33901

FEBRUARY

8-10 **FMAPAC & FMA Board of Governors Meeting**
University Hilton Conference Center
Gainesville, FL

9 Everblades Hockey Game
7:00 PM

11-13 **National Advocacy Conference**
Grand Hyatt Washington
Washington, DC

19 **LCMS Board of Governors Meeting**

MARCH

9 Red Sox Ballgame
7PM

19 **LCMS Board of Governors Meeting**

21 **LCMS General Membership Meeting**

APRIL

16 **LCMS Board of Governors Meeting**

"High achievement always takes place in the framework of high expectation."
Charles Kettering

F. Lee Howington, MD & Marilyn Young, MD are looking for an AUTOCLAVE for the SENIOR FRIENDSHIP CENTER
Have one for sale? Donate for a tax write-off
Lee: 936-6963 Marilyn: 481-2355

Come and Show your Support!

January 18, 2013, 6:00 p.m.
Installation of LCMS Officers and the Annual Medical Service Awards
will be held at the Royal Palm Yacht Club, 2360 West First Street, Fort Myers, FL 33901
Come and share a night of celebration: Installation of 2013 LCMS Officers—
And to our 2012 Life Members of 35 years with the LCMS
Awards to physicians and non-physicians that deserve to be recognized by their peers

2013 Annual Medical Service Awards Program Sponsors:

SHELL POINT Retirement Community
15051 Shell Point Boulevard
Fort Myers, FL 33908
Contact: Wendy Boaz, RN
239-839-7673

THE DOCTORS COMPANY
1000 Riverside Avenue, Suite 800
Jacksonville, Florida 32204
Contact: Shelly Hakes
(800) 741-3742, ext. 3294

THE PRESSER LAW FIRM, P.A. 561-953-1050
800 Fairway Drive, Ste 340
Deerfield Beach, FL 33441
Contact: Yelena Sverdlova, Esq.
561-953-1050

SCANLON AUTO GROUP
SCANLON LEXUS SCANLON ACURA
14200 South Tamiami Trail
Fort Myers, Florida 33912
Contact: Sandy Hoxsey
239-433-2277

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Fort Myers, Florida 33916
Contact: Ron Del Bianco
239-898-8855

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6208 Whiskey Creek Drive
Fort Myers, Florida 33919
239-936-9010

EverBank®
6321 Daniels Parkway
Fort Myers, Florida 33912
Contact: Chad Kappes
239-415-5013

Comfort Keepers®
12493 Brantley Commons Ct. #101
Fort Myers, FL 33908
Contact: Brian Sykes
239-590-3016

NurseOnCall HOME HEALTHCARE
8771 College Parkway, Bldg. 1
Fort Myers, FL 33919
Contact: Brian Sykes
239-590-3016

Lee County Medical Society

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