



THE FLORIDA INTERNIST

Newsletter of the Florida Chapter of the American College of Physicians

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(more on the Chapter website: www.acponline.org/chapters/fl)

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From The Governor



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A PRESCRIPTION FOR AMERICA

Everyday as I read the newspaper or watch the television news, I am struck by the amount of crime and mayhem in our country. Most of the acts are by American citizens against American citizens. As I examine the root causes of this lawlessness, I am struck by several major themes:

- 1) Lack of education or job training. People who are educated and trained for a job work and pay taxes; they do not want crime any more than you or I. It is cost effective to support public education, prevent dropouts and encourage job training
- 2) Lack of home ownership. People who own their homes are "rooted in the community" and do not want to be victimized any more than we do. We should strive to make home ownership more affordable.
- 3) Over population. Starting with teenage pregnancies we should emphasize population control through abstinence, use of contraception and emphasize personal responsibility.
- 4) Drugs. Every generation has experimented with drugs or alcohol. Crime committed under the influence of drugs or to obtain drugs cannot be tolerated. I think we should treat drug addiction as a medical problem, but the business of drugs as a criminal problem.
- 5) Guns. I am not arguing for gun control, but we need to get guns out of the hands of irresponsible people-Start with

teenagers, then convicted felons. Make laws tougher when a crime is committed using a firearm.

The domino effect of tackling these problems is clear. More workers, less crime, more home ownership, reduced population, less drug use, better education and less guns in the hands of the wrong people will lead to better jobs, more tax revenue, less need for incarceration. Then more people will have health insurance and there will be fewer on welfare or receiving public assistance for their health care.

You do not have to agree with all of these root causes, but if you agree with some of them, then I have made my point. As leaders in your respective communities you need to champion these causes.



Many thanks to Dr. Larry Edwards, FACP, and the faculty of the University of Florida for providing an excellent scientific program at the Grand Hyatt on Tampa Bay this September. Pictured above are Dr. Edwards (center) and Dr. Larry Klima, FACP (right) with Chief Residents (l to r) Carl Dragstedt, D.O, Janice Lawson, MD, and Katherine J. Walsh, MD.

Mark Your Calendar

Associates Meeting - **March 8-9** - Orlando site TBD

Internal Medicine 2008 - **May 15-17**- Washington DC

Florida Chapter ACP Scientific Session - **Sept 5-7** - PGA Resort & Spa, Palm Beach Gardens

END OF LIFE CHOICES

Book Review By F. Norman Vickers, M. D.

To Die Well; Your Right to Comfort, Calm and Choice in the Last Days of Life
By Sidney Wanzer, MD. and Joseph Glenmullen, MD
Da Capo Press, © 2007, pp. 209; \$24.00

This excellent book by two established authors outlines the rights of patients and families to make choices in their care, especially in end of life issues. Dr. Sidney Wanzer is a recently retired specialist in internal medicine and was formerly associated with Harvard University Health Services. Dr. Joseph Glenmullen is a psychiatrist who was both in private practice and on the staff of Harvard Health Services.

Wanzer begins the book with his own family example. His ninety-two year old mother, demented and in a nursing home, had a cardiac arrhythmia, was rushed to the hospital and underwent a cardiac pacemaker implantation. This was in spite of a living will which requested no life-saving procedures.

In clear, understandable language, the authors discuss rights of patients and families to make decisions regarding their care. They recommend having a living will, designating a medical surrogate who can make decisions for the patient, if the patient is not able to speak for himself/herself. They explain that a "do not resuscitate" directive is separate and distinct from the usual living will, something about which the average person is unaware. Examples are given to illustrate some of the difficulties assuring that the desires of the patient are carried out. Some nursing homes are reluctant to have a patient die on the premises. If a patient is at the end of life, families and the attending physician have to have a clear understanding with the nursing home that no heroic measures are to be carried out. The authors also emphasize the right of patients to change doctors.

The authors mention that Hospice care has been a comfort to patients and families and give examples illustrating how their services can be best utilized.

They also review the experience of physician assisted death in the state of Oregon, the only state which has legalized this procedure in 1997. There are stringent rules which must be followed before the physician can write a prescription for a lethal dose of barbiturates. The patient must request once in writing and twice verbally over a specific period of time. Consultation with an additional physician must be obtained certifying that patient has a terminal condition. Discussion with the patient about rights and alternatives must occur.

Less than 250 patients have died, using physicians assisted death, in the ten years that the law has been in effect. Less than half the patients who obtained the prescription for barbiturates used it. They cite the Oregon State Public Health report, "While it may be common for patients with a terminal illness to consider (physician assisted death) such a request can be an opportunity for a medical provider to explore with patients their fears and

wishes around end-of-life care, and to make patients aware of other options. Often, once the provider has addressed a patient's concerns, he or she may choose not to pursue (physician assisted death.)"

There are controversial issues in this book and these are sure to invoke vigorous discussion among physicians. However, while the issues are controversial, all physicians need to be knowledgeable of the facts.

Appendices include End-of Life organizations, sample living will, health care proxy form and proposed authorization for ending life in situations of irreversible and progressive cognitive decline.

This is an important book in the elucidation of patient and family rights and how to assure that their end-of-life wishes are respected.



Congratulations !

Jamie S. Barkin, MD, FACP, past ACP Governor for Florida and past Member Board of Regents, has been elected Master of the American College of Physicians

ASSOCIATES COMPETITION WINNERS !

Sergio Change, MD of the Cleveland Clinic Florida program took top honors in the Associate case report section of the poster competition and **Sateesh Prakash, MD** of the University of Florida program took top honors in the Associate research section. **Kerry Thomas** from USF took top honors in the medical student poster division.

Ruchi Gupta MBBS of the UF Health Science Center-Jacksonville won the Associates oral presentation and will go to Internal Medicine 2008 as the Florida Chapter winner to present her case as a poster.

Drs. Dan Poetter, Michael Small and David Wilson, the University of South Florida "jeopardy" team, will represent the Florida Chapter in Washington DC next spring at the national Doctors Dilemma Competition.

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NEW PIP LAW BENEFITS PHYSICIANS

Christopher L. Nuland, Esq.

General Counsel

With mandatory no-fault personal injury protection having expired on October 1, 2007, the Legislature took action in Special Session to re-enact the law with several changes designed to curb abuse and to produce a fairer system.

First and foremost, the bill (HB 13C) re-enacts mandatory PIP as of January 1, 2008. While earlier dates were debated, the ultimate legislative decision was that the logistics of undoing imposing rules retroactively were not feasible; therefore, incidents involving uninsured motorists until December 31, 2007, will be subject to lawsuits, and the benefits for uninsured motorists will be determined by their respective health insurance policies.

As of January 1, 2008, however, the landscape will change dramatically. For the first time, a \$5,000 "reserve" will be established for each case to reimburse physicians and dentists who provide emergency care and inpatient services. Covered providers will have 30 days from the date of the accident to file for these benefits, after which any remaining amount will be available not only to the physicians and dentists, but also to hospitals, chiropractors, and other covered providers. It should be noted that this \$5,000 is not subject to hospital liens.

While the law does establish a PIP fee schedule for the first time, its terms are not oppressive. Physicians who provide emergency services and related inpatient care may still charge their full usual, customary and reasonable rates. Other physician services may be billed at 200% of the Medicare fee allowance (hospitals receive 75% of the UCR for emergency services and 200% of Medicare for other services, and all others may bill no more than 200% of the Medicare allowable). Recognizing that scheduled Medicare cuts could reduce this amount, the law contains a clause that the 2007 Medicare fee schedule will be used if the Medicare fee schedule is ever cut below that level.

While not perfect, the new PIP law is the product of meaningful, negotiated compromise involving physicians, chiropractors, dentists, hospitals, ambulances, and lawyers. Physicians should be proud of the improvements that were gained, improvements that should drastically improve the likelihood of receiving adequate reimbursement for emergency room accident cases.

Alert to Dispensing Practitioners

It has come to the attention of the Florida Chapter that administrative snafus have resulted in Obagi temporarily not having the necessary licensure to distribute its pharmaceutical products in Florida. Until the situation is resolved, our legal counsel recommends that members refrain from dispensing Obagi pharmaceutical products unless and until the sales representative can provide a copy of a current Florida license to distribute such products.

This situation also underscores the importance of periodically confirming the licensure status of those from whom dispensing practitioners obtain their medications. ❖



Congratulations ! Frederick E. Turton, MD, FACP will take office as Chair -elect of the Board of Regents at IM 2008 and assume the office of Chair BOR the following year. Congratulations to Dr. Turton and to Florida !



ACP Governors for Florida, Drs. Malcolm T. Foster, Jr (l) and Kay M. Mitchell (center) accepted the 2006 Chapter Excellence award presented by the College Representative, Lawrence G. Smith, MD, FACP, a member of the Board of Regents. The award recognizes chapters that excel in reaching the standards for managing a chapter, such as communicating with members, instituting medical students' and associate activities and advancing and recruiting members.

(Council continued)

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Daniel M. Lichtstein, MD, FACP 2007 Laureate

Danny received his undergraduate education at Michigan State 1970 and has remained a diehard Spartan fan ever since. He received his MD degree from the State University of New York at Downstate Medical Center and completed his internal medicine residency at the University of Miami/Jackson Memorial Hospital in 1977. He stayed on as Chief Medical Resident and then spent years in a successful private practice in West Palm Beach. He came back to the University of Miami Miller School of Medicine in 1996 as an associate professor.

Dr. Lichtstein is, by far, one of the most respected, influential medical educators at the Miller School of Medicine. Since returning to the University, he has held various key academic roles, including Director of Education for the Department of Medicine, Director of Postgraduate Education, and more recently the Residency Program Director of our Internal Medicine Training Program. Within each of these roles, he has raised the bar for educational standards. His innovative approach to medical education has led to the creation of many new conferences and symposia and all of his sessions receive rave reviews from learners. He was recently named the Associate Dean for Medical Education at the University of Miami's new regional medical campus at Florida Atlantic University.

Dr. Lichtstein has received numerous awards from medical students and colleagues. He has won several George Paff Awards from medical students over the past several years, and was awarded Attending of the Year by the senior class in May 2005. He has also been honored with several awards from our ACP chapter, including both Outstanding Internist in 2000 and Outstanding Teacher of the Year in 2001.

Apart from teaching, Dr. Lichtstein maintains an active role in patient care, scholarly research, and medical center committees. He has also been a leader in our ACP chapter, having served as Treasurer for two terms.

Dr. Lichtstein epitomizes the ideal medical educator and that of a compassionate, nurturing role model for medical students, residents, and faculty. His outstanding qualities and skills as an educator are ones I try to emulate on a daily basis. He is an enthusiastic instructor who imparts his love for clinical medicine to all of his learners. He is a seasoned clinician who takes complex pathophysiology and simplifies it in terms easy to understand at each level. He is deeply devoted to the students, residents, and faculty he mentors. In short, Dr. Lichtstein represents the best in medical education at the Miller School of Medicine!

Daniel M. Lichtstein, M.D. is a most deserving recipient of this prestigious award from the Florida Chapter of the American College of Physicians.

- Alex J. Mechaber, MD, FACP

Above: Mrs. Shirley and Dr. Daniel M. Lichtstein at the regional meeting



(Above) Drs. Faris Monsour, Rodolfo Cepero and Maurice Barakat reviewing the posters. Sixty-seven abstracts were submitted and thirty-five were accepted for presentation at the Regional Meeting.



(Above) Dr. Foster mediating the Doctors Dilemma semi-final competition with technical assistance from Dr. Josh Lenchus at the podium.



Dr. Malcolm T. Foster, Jr. (l) presenting the Charles K. Donegan Memorial Award for Volunteerism to Dr. "Mark" Asperilla of Port Charlotte



Dr. Kay Mitchell (l) presenting one of the Chief Resident awards to K. Anuja Java, MBBS of the Orlando Regional Healthcare System



Bienvenuto Yangco, MD, FACP (r) accepted the 2007 Community Based Teacher award.



Dr. Einar Lurix (center), was honored with the Gary Izzo Scholarship award. Presenting the award are Drs. John Langdon (l) and Kay Mitchell (r)



Dr. Paul Mendez (center), accepted the Internist of the Year award. Pictured with him (l to r) are his University of Miami colleagues: Joshua Lenchus, D.O., FACP, Stephen Symes, MD, Daniel M. Lichtstein, MD, FACP and Alex Mechaber, MD, FACP



Dr. Craig S. Kitchens, MACP received the Key Contact award recognizing his exceptional efforts in contacting legislators during the year and other contributions to the Florida Chapter's advocacy program.



In recognition of their contributions to medical education, these Chief Residents were recognized at the Awards Dinner at the Grand Hyatt on Tampa Bay:

Rajesambhaji S. Borade, MD, Orlando Reg Med Ctr
Anuja Java, MBBS, Orlando Reg Medical Center
Einar Lurix, MD, Cleveland Clinic Florida
Aliyah Baluch, MD, University of South Florida
Neil Sharma, MD, University of South Florida
Joshua M. Trabin, MD, Mt. Sinai Medical Center
Carl Dragstedt, D.O., University of Florida
Katherine J. Walsh, MD, University of Florida
Janice Lawson, MD, University of Florida
Mary Sloan-Hedges, Mayo Clinic Jacksonville

The Awards Dinner provides the perfect setting for comradery. (seated l to r): N. H. Tucker, III, MD, FACP, Chair Legislative Committee; Mrs. Leisa Zimmer; Michael A. Zimmer, MD, FACP, Primary Care Representative to the Florida Medical Association Board of Governors. (standing l to r): John G. Langdon, MD, FACP, Chair Insurance / Industry Committee; Dawn Moerings, Executive Director Division of Advocacy & Member Benefits; Stuart B. Himmelstein, MD, FACP, ACP Governor-elect for Florida, and Michelle Rossi, MD, FACP, Chair, Medical Economics Regulatory Committee

For More Regional Meeting highlights including the syllabus, visit the Chapter website at: <http://acponline.org/chapters/fl>

Workers' Comp Update: Good News for Medical Practices

By Tom Murphy of Danna-Gracey

It's turning out to be another good year for medical practices that provide workers' compensation for their employees. As a result of some favorable legislative action that started in 2003, the rate for medical practices has decreased for the second straight year. As of Jan. 1, 2007 the rate has been lowered from 87 cents to 74 cents for every \$100 in payroll. This will provide some welcome relief to the otherwise climbing costs of running a medical practice. Premiums are expected to decline again in 2008.

- **Coverage compliance, fines and penalties**

Florida law requires any non-construction employer with four or more employees (full or part-time) to provide workers' compensation coverage to their employees. The Division of Workers' Compensation, Bureau of Compliance has been given increased authority to ensure employers obtain and maintain the required coverage. The department can now issue a stop-work order (SWO) for employers who fail to comply with the law.

In addition to the SWO, employers are assessed a penalty equal to 1.5 times the amount they would have paid in workers' compensation premiums for the preceding three years. Employers are also subject to a penalty of \$1,000 for each day they violate the SWO, which is now a third-degree felony.

- **Corporate officer exemptions**

Many officers of a medical corporation choose to be exempt from the workers' compensation policy for economic reasons. This should be discussed with your agent or carrier prior to making the final decision.

A physician corporate officer's payroll is capped at \$109,000, making an officer's premium approximately \$800. This should be considered when compared to the potential benefits.

If the officer makes the decision to be exempt from the policy, he or she should notify their health insurance carrier to inform them in order to avoid payment of benefits if the exempted officer were to be injured in the course and scope of their employment.

- **Corporate name changes**

If a physician or group decides to change the corporation name, it is important to remember that any exempted officer will need to re-apply for an exemption under the new corporate name. The exemption does not automatically transfer to the new corporation and the Division of Workers' Compensation requires an officer to reapply for the exemption under the new name.

- **Medical practice risk management**

There is a wonderful benefit to workers' compensation insurance policies that very few practices utilize: the insurance carrier's risk management team. Most insurance companies have risk management personnel that are happy to assist you in your efforts to maintain a safe working environment for your employees.

In the case of medium to large-sized groups, the carriers will actually send a risk manager to your location to evaluate the practice and provide recommendations if necessary. Other good places to obtain information are the carrier's Website and the division Website at www.fldfs.com. All of the necessary forms for compliance can be found on the division website. ❖

We are pleased to announce that Florida Chapter ACP members now have the opportunity to receive a potential dividend of up to 24.8% of their premium. The program has returned money for ten straight years, with over \$2.2 million to Florida medical society members over the past five years. For more information on the great new FL Chapter -ACP endorsed program contact Tom Murphy, a workers' compensation and medical malpractice insurance specialist with Danna-Gracey, Inc. in Delray Beach; 561-276-3553; 800-966-2120; Murphy@danna-gracey.com.

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Outstanding Teachers 2007

ACP Governor for Florida, Kay M. Mitchell, MD, FACP presenting the award for outstanding leadership and dedication to medical education to (l to r) George D. Everett, MD, FACP - Orlando Regional Healthcare System; Kevin E. O'Brien, MD, FACP - University of South Florida; and Alexander I. Reiss, MD, University of South Florida