



July 2008

MIAMI MEDICINE

The Official Publication of the Dade County Medical Association



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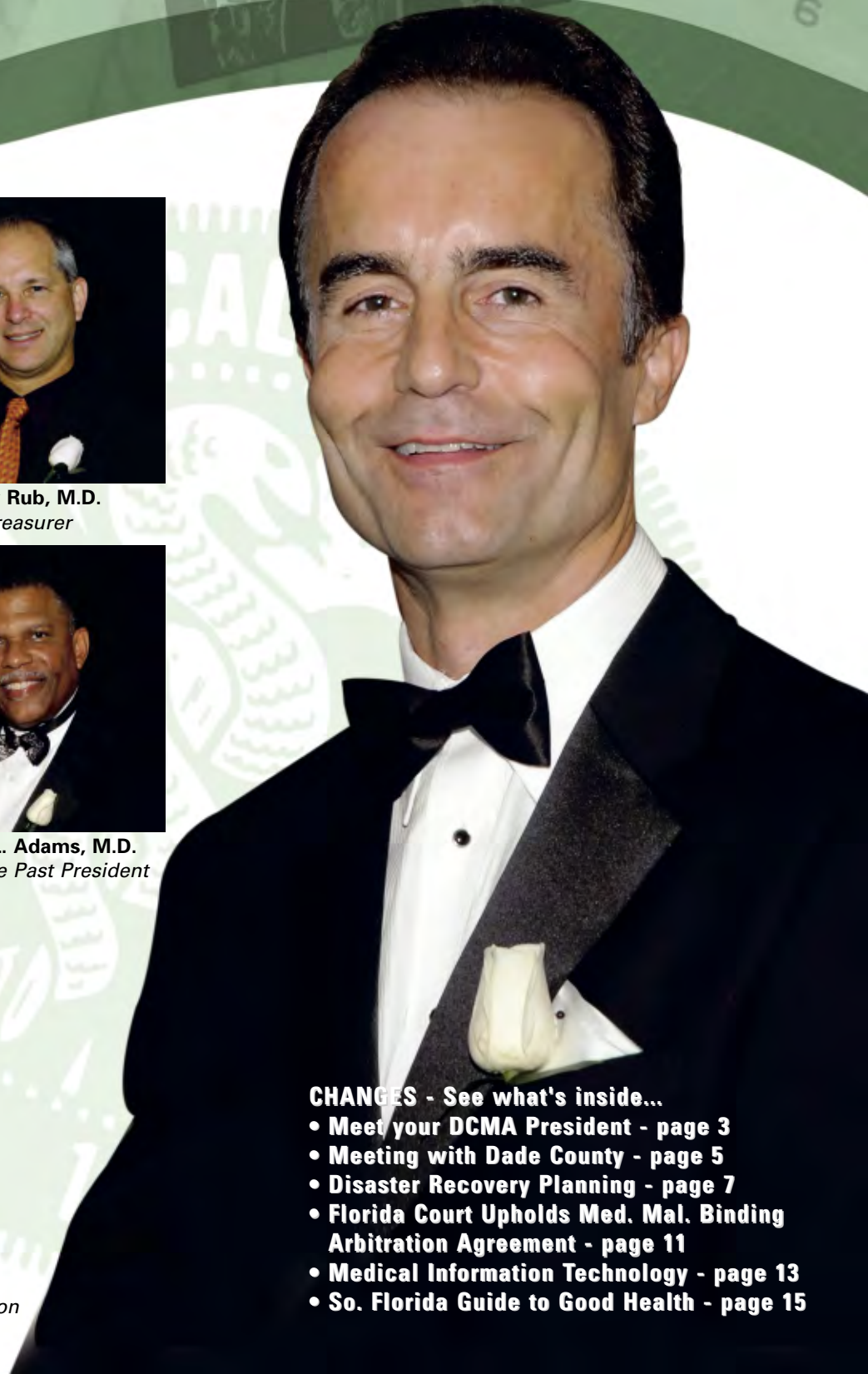


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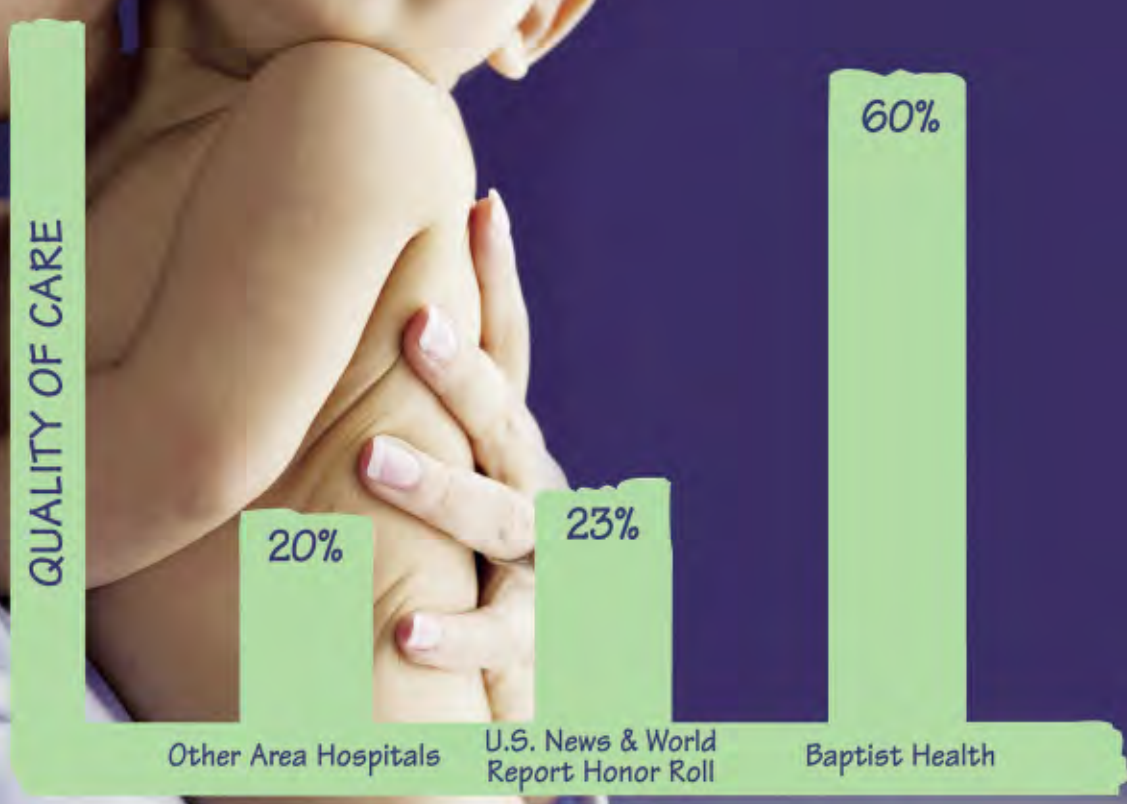
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CHANGES - See what's inside...

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Is it possible to measure how well you're cared for? With hospitals, yes.

If you or a loved one needs to go to the hospital, you want the best care. The federal government recently began gathering data from patient records to see which hospitals achieve the best results in various measures of quality. On average, Baptist Health scores three times as high as other hospitals in Miami-Dade and Monroe Counties. We even beat the hospitals in the *U.S. News & World Report's* Honor Roll.* We're all about quality — it's that simple.

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*Data compiled by the U.S. Department of Health and Human Services and the Hospital Quality Alliance. Baptist Health had **60%** of the quality measures in the top 10th percentile, versus **20%** for the other Miami-Dade and Monroe hospitals and **23%** for hospitals on the Honor Roll.

MESSAGE *from your* PRESIDENT:



Bernd Wollschlaeger, M.D., FFAFP, FASAM
President, Dade County Medical Association

Competing *and* Thriving *in a* Changing Marketplace

The market and regulatory environment within which physicians practice Medicine is undergoing rapid and dramatic changes. Faced with exponentially growing health care costs many insurers and other third-party payors implement quality-based reimbursement mechanisms, which are focusing on the improvement of clinical outcomes. The Leapfrog Group and Med-Vantage published the results of a survey of 75 purchasers, government agencies and health insurers demonstrating that pay-for-performance programs have grown dramatically from 39 in 2003 to 148 in 2007. Succumbing to cost control measures and the pressure imposed by large employer-groups, health insurers are now ranking physicians based on quality and cost-related metrics and disseminate the ranking information to the public.

Many medical practices lack the logistical infrastructure, expertise and capital to adapt quickly to the changing medical economic environment. Therefore we need to closely analyze and examine our strengths and weaknesses to maintain the financial viability of our practices and our professional autonomy.

Medical practice integration may enable many physicians to finance, develop, implement, and maintain the infrastructure necessary to collect, track and report the types of quality information that these performance based reimbursement programs presuppose. Closer practice integration may also be essential to create the collaborative environment needed to control and manage the information needed for quality improvement and to demonstrate quality outcome. As physicians we need to enhance our ability to succeed financially and to protect our professional autonomy. Various forms of group collaboration may offer exactly those solution needed to survive and thrive. Such collaboration may ultimately be the only solution to compete in the rapidly changing health care market.

The successful integration of medical practices depends on several factors:

- Collaboration with an integrated network of primary care physicians, specialists and allied health personnel;
- Ability to access, coordinate, or develop data that demonstrate competitive costs and outcome;
- Retention of organizational flexibility to modify incentives and to respond to regulatory, technical and practice pattern changes; and
- Commitment to motivating and supporting the best practices.

Achieving such goals does NOT require the abdication of your professional autonomy. In many cases physicians will be able to remain in their own local practice, oversee many day-to-day operations, and be regarded based on individual productivity while still achieving the level of integration necessary to meet the demand for sophisticated medical information technology systems.

As your President I will initiate a series of local face-to-face meetings in each district to initiate a dialogue with our members. I am convinced that our organization needs to provide you the tools to practice medicine in the 21st century. We need to collaborate with partners to help us to change our practices and to work within integrated healthcare delivery systems.

We need to work smarter and not harder to achieve our personal and financial goals.

Together we are stronger! Together we can meet the challenges we are faced with!

Yours,
Bernd Wollschlaeger, M.D., FFAFP, FASAM
President, Dade County Medical Association

- ✓ Respected cardiologist
- ✓ Three great kids
- ✓ A summer cabin on the lake
- ❑ A plan to keep it all safe



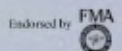
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Dade County Medical Association *and* Florida Medical Association *meet with* Miami-Dade County Chiefs of Staff



Doctor Nelson L. Adams, DCMA President, welcomes chiefs of staff. Seated are Frank Maderal, M.D., DCMA Vice President; Karl Altenburger, M.D., FMA President; and Stephan Baker, M.D., DCMA Immediate Past President.



Doctor Karl Altenburger, addresses the chiefs of staff on behalf of the Florida Medical Association.



On May 14, 2008, the Dade County Medical Association and the Florida Medical Association hosted a roundtable discussion for all hospital chiefs of staff in Miami-Dade County at Christy's Restaurant in Coral Gables, Florida. DCMA leadership was well represented. The DCMA Board of Directors looks forward to future meetings with chiefs of staff to ensure physician concerns and suggestions are brought to the attention of the DCMA.



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Phone: (305)539-0700; Fax: (305)539-1894

E-Mail: JSpiegel@bellsouth.net

How well your practice survives a natural or man-made disaster can depend on how well you anticipate them and whether you have developed a contingency plan. Effective loss prevention measures include:

COMMUNICATION:

- Distribute staff contact information for home, cell and other phone contacts.
- Implement a *staff calling tree*.
- Determine realistic return-to-work timeframe for staff.
- Notify external vendors/business associates of practice interruption with targeted resumption of operation.
- Record temporary or newly established *staff contact* information.
- Implement staff briefings at the beginning and end of each day until recovery is complete.
- Establish a communication channel for patients.
- Establish patient telephone triage.
- Utilize temporary phone and fax services.
- Identify an alternate answering service, e-mail and pager service.
- Implement temporary controls to ensure HIPAA compliance.

INFORMATION TECHNOLOGY:

- Contact computer service vendors to assure integrity and recovery.
- Inventory hardware and software and document it.
- Ensure data back-up system. Periodically test compliance.
- Develop a phased IT recovery plan.
- Document the type and extent of lost data.
- Apply same measures to electronic medical records (EMR) as paper in terms of integrity and recovery data.
- Establish uniform measures for temporary variances in all

input functions and subsequent conversion.

- Evaluate applicable warranties.
- Consider IT restoration service contract.
- Verify insurance coverage for repair/replacement costs and losses.
- Re-establish filing systems and internal programs.

MEDICAL RECORDS:

- Determine loss or damage to patient records and filing systems.
- Attempt to restore all damaged charts.
- Notify state medical board for specific guidance pertaining to lost or damaged records.
- Document all efforts at restoration and protecting existing records.
- Reconstruct all lost charts at next patient encounter.
- Notify insurance carrier for restorative services and/or claim loss procedures.
- Re-establish filing system.
- Re-establish chart/folder system.
- Initiate temporary storage measures, if necessary.
- Obtain legal guidance for patient notification during and subsequent to recovery operation efforts.
- Apply same measures to EMR as paper in terms of integrity and recovery data.
- Contemporaneously date and initial all late entries and duplicate information in context of recovery efforts.
- Create a list of all damaged/lost patient charts.



D&R Plan Checklist:

EMERGENCY PREPARATION

- Secure practice facilities to prevent further damage or loss.
- Secure items in water-tight containers.
- Notify landlord, management company, and facility staff.
- Secure patient records before evacuation.
- Identify temporary utility services such as generators, phone service.
- Take records of patients in midst of diagnostic work-up.
- Prepare a listing of all outstanding diagnostic studies.
- Remove valuables.
- Unplug electronic equipment.
- Prepare a list of hospitalized patients.
- Notify answering service or record message of closure.

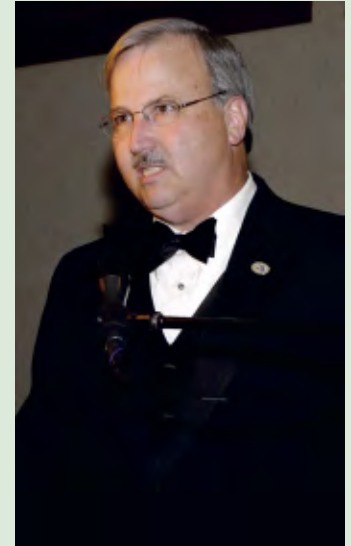
DADE COUNTY MEDICAL ASSOCIATION



DCMA President, Bernd Wollschlaeger, M.D., his wife Rose Jimenez, his daughter Natalia Wollschlaeger, and son Tal Wollschlaeger.



Israeli Consul General, Ofer Bavly, Harriet Carter, Community Liaison for Ileana Ros-Lehtinen, DCMA President, Bernd Wollschlaeger, M.D., and German Consul General Klaus H. Ranner.



Florida Medical Association President Karl Altenburger



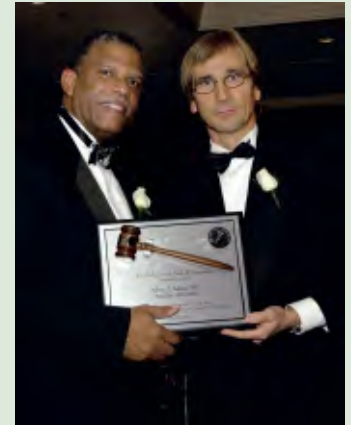
Richard Simon, M.D. accepts plaque from Immediate Past-President, Nelson L. Adams, on behalf of Baptist Health South Florida.



John Montgomery, M.D., Vice President of Blue Cross Blue Shield receives a plaque commemorating their support of organized medicine.



Ana Maria Hernandez accepts plaque from Immediate Past-President, Nelson L. Adams, on behalf of Sun Trust Bank



Nelson L. Adams, M.D. is inducted into the DCMA Past Presidents Council by DCMA Past President Stephan Baker, M.D.



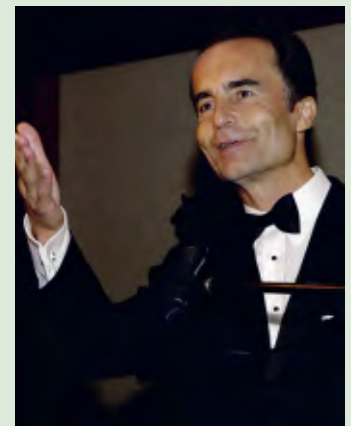
Immediate Past-President, Nelson L. Adams, M.D. presenting a bouquet of roses to his wife, Effie Adams.



The DCMA Oath of office is administered to Bernd Wollschlaeger, M.D. by his wife, Rose Jimenez, by his son, Tal Wollschlaeger, and his daughter, Natalia Wollschlaeger.



DCMA President, Bernd Wollschlaeger, M.D. receives his gavel from Nelson L. Adams, M.D. Immediate Past-President



Newly installed DCMA President Bernd Wollschlaeger, M.D. gives his incoming speech.

2008 Presidential Installation Banquet and Dinner



DCMA Board Members at the Installation

Beny Rub, M.D., Treasurer; Wentworth G. Jarrett, M.D.; Enrique Hanabergh, M.D., Vice President; Frank Maderal, M.D., President-Elect; Aurelio Mitjans, M.D., Secretary; Bernd Wollschlaeger, M.D., President; Nelson L. Adams, M.D., Immediate Past President; Andre Abitbol, M.D.; Elizabeth A. Etkin-Kramer, M.D.; Eugene S. Fu, M.D.; Jeff O. Gonzalez, M.D.; Eleonor Pimentel, M.D.; Tom Mesko, M.D.

Past Presidents

The Following DCMA Past Presidents Attended "The 2008 Annual Installation Banquet"



Charles Dunn, M.D., 1982



Miguel A. Machado, M.D., 1997



Carlos Buznego, M.D., 2001



George F. Battle, M.D., 2003



Hugo Salinas, M.D., 2004



Stephan Baker, M.D., 2006

Also attending the banquet was camera-shy DCMA Past President, Robert I. Goldberg, M.D., 1999.



Looking for a few good OB/ GYNs and others interested in Maternal and Infant Health:

The Healthy Start Coalition of Miami-Dade Fetal and Infant Mortality Review (FIMR) Project is a countywide effort to better understand the issues associated with fetal and infant mortality and morbidity and to develop strategies that improve perinatal systems of care, locally and statewide. FIMR is composed of two groups, the Case Review Team (CRT) and the Community Action Group (CAG). A multi-disciplinary team of professionals, the CRT uses unidentified/patient blinded abstracted information from vital records (death and birth certificates), hospitals, clinics, physicians, police, Medical Examiner records and family/maternal interviews. We would like to invite you to participate in the FIMR Project. The members of the Case Review Team represent a wide array of personal and professional knowledge, expertise and experience as well as the ethnic and cultural diversity in the community and a board, creative range of organizations.

If you are interested in participating, please contact the Healthy Start Coalition of Miami-Dade at 305-541-0210
www.hscmd.org



DR. PAUL A. GLUCK

Dr. Paul A. Gluck is in private group practice in Miami and is a clinical associate professor at the University of Miami. An ACOG Fellow since 1980, Dr. Gluck is past chair of the Committee on Quality Improvement and Patient Safety, the Subcommittee on Patient Safety, and the Task Force on Safety in Resident Education. He has served as the director of ACOG's Voluntary Review of Quality of Care Program and as a member of the committees on Course Coordination and Nominations. He has been an alternate delegate to the American Medical Association, an ex officio member of the committee on Professional Liability, and a participant in the ACOG Patient Safety Summit. Dr. Gluck has served as a member of the District IV Advisory Council and Professional Liability Committee and as chair of local arrangements for the Annual District Meeting. He is a past recipient of the ACOG President's Community Service Award and the Wyeth Pharmaceuticals Section Award. Dr. Gluck is also past chair of ACOG's Florida Section and of the Florida Section Professional Liability Committee. Active in a number of professional organizations, he is current chair of the board of the National Patient Safety Foundation and is a past president of the Florida Obstetrical and Gynecological Society, the Dade County Medical Association, and the Miami Obstetrical and Gynecological Society. Dr. Gluck received his medical degree from New York University and completed his residency at University of Miami-Jackson Memorial Hospital.

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Florida Court Upholds Med Mal Binding Arbitration Agreement

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

First Professionals Insurance Company is Florida's Physicians Insurance CompanySM and the endorsed carrier for professional liability insurance by 22 county medical societies, 15 specialty societies, and three statewide associations in Florida.

The enforceability of a mandatory binding arbitration agreement in the context of a medical malpractice claim was recently tested in a February 2008 decision by Florida's Second District Court of Appeal (Court) in *Jonathan M. Frantz, M.D., P.A. v. Shedden (Frantz)*. The Court found that the arbitration agreement was valid and that the patient had a meaningful opportunity and ability to know and understand the terms of the agreement before signing it and that the terms of the agreement were reasonable and fair. In a separate analysis the Court also commented that the patient failed to identify any public policy or statutory right that was violated by the agreement. The Court reviewed the terms and the manner in which an arbitration agreement was entered into which were both very similar to the arbitration agreement and program developed by First Professionals Insurance Company (First Professionals) for its insureds. First Professionals' arbitration program has previously and continues to be structured in a way that is very similar to the facts presented in the Frantz case. Upholding the validity of such agreements will assist physicians in managing their exposure to medical malpractice judgments.

FIRST PROFESSIONALS' BINDING ARBITRATION PROGRAM

When medical malpractice claims arise, an alternative to the courtroom is binding arbitration. First Professionals has developed a binding arbitration program (Program) for its Florida policyholders. The objectives of arbitration are to reduce legal costs and facilitate speedier resolution of claims. Binding arbitration means that physicians and patients agree to litigate – outside the court system – any claims that may arise from rendering or failing to render medical care and treatment before an arbitration panel. The arbitration panel is required to follow Florida law and their decision is binding upon the parties except in very limited circumstances. Binding arbitration affords potential benefits to both physicians and patients including:

- Lower legal costs for both parties;
- Lower indemnity payments through the use of an arbitration panel that, relative to a jury pool, will likely make a more well-reasoned and educated decision based upon the medical facts of the case; and
- A more prompt resolution of claims.

HOW ARBITRATION WORKS

When the patient and the physician agree to arbitration, they agree to give up their constitutional right to have any potential medical malpractice claims resolved in court. The process begins when one party sends a notice demanding arbitration to the other party.

Upon receipt of the notice, the patient and the physician each name one person to serve as an arbitrator. These two arbitrators then pick the third arbitrator. First Professionals' claims staff will select the arbitrator for its policyholder. Ideally, this arbitrator will be someone who is:

- A well qualified physician expert in the same specialty as the defendant;
- Someone who is savvy about the legal process;
- Experienced in testifying in legal proceedings; and
- Effective in analyzing and explaining medical issues.

The arbitrators function as judges, in that they listen to the evidence presented by both sides and they collectively render a decision as to liability and damages. The panel of three arbitrators sets up rules about the witnesses and evidence to be presented. If necessary, the arbitrators can issue subpoenas to compel witnesses to appear at the hearing or to obtain documents.

Each party is represented by his or her own attorney at the arbitration hearing. First Professionals provides its policyholders with an attorney and defense just as it does for claims it defends in a traditional court. Each party has the opportunity to submit evidence and to present and cross-examine witnesses.

IMPLEMENTING ARBITRATION INTO A PHYSICIAN PRACTICE

First Professionals offers its policyholders two alternative arbitration agreements. They are the same, except for one key provision:

The **"Form A"** agreement requires patients to sign the arbitration agreement as a prerequisite to treatment; whereas

The **"Form B"** agreement permits a patient to terminate the agreement for a period of 30 days from their date of signature.

For policyholders who choose to participate in the Program, First Professionals will provide, at no charge, the arbitration agreement forms, along with a video or DVD in both English and Spanish. These tools allow physicians to effectively inform their patients about the purpose and fundamentals of the arbitration agreement.

Provided that a patient is not in an emergent or urgent condition, physicians present the arbitration agreement to patients (or their representatives) and provide an area where they can view the video or DVD, which lasts approximately five minutes. The patients and/or their representatives are asked to sign the agreement, a copy is given to them, and the originals are placed in the patients' medical records.

Once a First Professionals' policyholder completes the order form and signs the arbitration participation agreement, First Professionals will mail an arbitration contract and video within 10 business days. For additional information concerning participation in the Program, please contact **Stephany Carter in the Marketing Department at (800) 741-3742 ext. 3064 or at carter@fpic.com**. For legal issues concerning the Program please contact **Rob Wortelboer, First Professionals' General Counsel and Vice President at (800) 741-3742 ext. 3281 or at wortelboer@fpic.com**.



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TECHNOLOGY

from your PRESIDENT

Medical Information Technology

Twitter and Ning: How Can Docs Use Social Networking Tools

By Bernd Wollschlaeger, MD, FAAFP, FASAM
President, Dade County Medical Association

Social networking web sites are growing by leaps and bounds and sites such as *Facebook* and *My Space* have almost 200 Million registered users worldwide. The growing popularity of social networking web sites has spilled into all areas of our society and infiltrated our daily life and language.

What are social networking sites? According to a Wikipedia definition, a social network service uses software to build online social networks for communities of people who share interests and activities or who are interested in exploring the interests and activities of others. Most services are primarily web-based and provide a collection of various ways for users to interact, such as chat, messaging, email, video, voice chat, file sharing, blogging, discussion groups, and so on. Social networking sites created almost overnight virtual communities of individuals and businesses alike. Anybody can interact with each other or within groups that share common business interests and goals. In many ways social networking has transformed the way we communicate and share information with one another in today's society.

So what can we do with social networking web sites? It's important to understand that social networks connect people at a low cost and globalize the marketplace. This "new" form of meeting can surpass and even replace the traditional face-to-face interaction. This new technology makes it possible for people to network with their peers from anywhere, at anytime in an online environment. Well designed social network services attract, aggregate and assemble large business-focused audiences by creating informative and interactive meeting places. These networks often act as a customer relationship management tool for companies selling products and services and are considered by entrepreneurs and small businesses as an attractive and useful tool to expand their contact base and market penetration. Companies can also use social networks for advertising in the form of banners and text ads. Since businesses operate globally, social networks can make it easier to keep in touch with contacts around the world. A professional network is used for the business to business marketplace. These networks improve the ability for people to advance professionally. Business professionals can share experiences with others who have a need to learn from similar experiences. Can social networking software help doctors to reach out to their patients or to each other? In my opinion doctors can use social networking sites as a means to manage institutional knowledge, disseminate peer to peer knowledge and to reach out to their patients or potential customers.

Pharmaceutical companies are already eying social networking sites as a tool to influence the opinion leaders of social networks and are spending an increasing percentage of their marketing dollars attempting to penetrate those networks.

Two software applications should be of special interest for doctors:

Twitter is a free social networking and micro-blogging service that allows users to send "updates" (or "tweets"; text-based posts, up to 140 characters long) to the Twitter web site, via the Twitter web site, short message service (SMS), instant messaging, or a third-party application such as *Twitterrific* or *Facebook*.

Updates are displayed on the user's profile page and instantly delivered to other users who have signed up to receive them. The sender can restrict delivery to those in his or her circle of friends (*delivery to everyone is the default*). Users can receive updates via the Twitter website, instant messaging, SMS, RSS, email or through an application. This service could be used by doctors to reach a group of patients with chronic diseases such as Diabetes. Weekly SMS messages could motivate patients to check their blood pressure and weight and to send the information back to the physician's office.

Ning is an online platform for users to create their own social websites and social networks. It appeals to users who want to create networks around specific interests or have limited technical skills. The unique feature of Ning is that anyone can create their own custom social network for a particular topic or need, catering to specific audiences. Ning has two primary business models. One allows users to create a network for free, in exchange for the network hosting ads that Ning supplies. The other, their "Ning for Business" option, offers users a network where they control the ad content (or lack thereof), in exchange for a monthly fee.

Again, Ning can be a very useful tool to reach out and to dialogue with patients suffering from specific disease. It also opens the possibility for virtual group visits once a patient-physician relationship has been established at the office.

I hope that this review was helpful to understand and apply social networking tools in your medical practice.

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant.

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SOUTH FLORIDA GUIDE TO GOOD HEALTH

For the fourth year in a row, the DCMA is partnering with The Miami Herald to publish the South Florida Guide to Good Health. This publication will be distributed on September 12, 2008 together with The Herald to all Herald subscribers throughout Miami-Dade County - almost 300,000 families.

The Guide contains not only useful articles written by Miami's leading medical doctors for the interested public, but also includes a complete directory of all physicians who are members of the DCMA.

The publication has been well received and has helped to promote the medical services of doctors and medical practices.


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South Florida Guide to Good Health
A Special Section from Dade County Medical Association
Published in The Miami Herald
Coming September 12, 2008

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