



The Florida Society

NEWS

of Thoracic & Cardiovascular Surgeons

Volume No. 28

Winter 2006



President's Message

T. Peter Downing, M.D.

Dear Colleagues:

It has been an unusual year for our Society. We did not have the opportunity to meet and spend time together with our families at Ocean Reef. This was a tremendous

disappointment. Unfortunately, the hurricane dissuaded most of us from traveling to Key Largo. Because of this, the next meeting in February is increasingly important so that we do not lose the camaraderie that has always been associated with our Society.

Unfortunately, politically there has been deterioration in the state of our Specialty. All physicians will be experiencing a 4.2% cut from Medicare as of January 1, 2006. The 5% cut for 2007 through 2012 is still on the books. Efforts have been made by members of Congress to change the RBRVS system. Notably, Rep. Clay Shaw from Palm Beach and Broward County has sponsored one of the two House bills to help improve the way our reimbursement is calculated by Medicare. Hopefully, he will discuss this when he meets with us in February at the Annual Meeting in Palm Beach Gardens.

I have been pursuing collection of financial data for the FSTCS. This audit was approved by our Council. As always, getting data or contributions from our members has been very difficult and slow. This is a prime example of why physicians in general and, in this case, cardiothoracic surgeons specifically, have not been able to accomplish much improvement in the socioeconomic status or financial state of our Specialty. It is essential that we take steps which may improve our situation. In my opinion, the accumulation of fact relative to our economic status gathered and presented to the public, media, and legislators will sway opinion (and votes?) in our favor. As of this time, there is no fact (other than the STS data, which dealt very little with that subject) relative to our incomes in relation to our work load that is available. I truly believe that when we present the data, we will be able to persuade others to help us in our problem.

I have applied the expected changes, including the 25% decrease in Medicare reimbursement, 5% per year malpractice increase (if I were to carry Malpractice) and the 7-8% reduction in cardiac volume seen yearly over the last several years in the State of Florida to the cumulative effect on my personal income. The specific results are that myself and my partners will appreciate a 55% cut in our gross incomes. If we were to pay malpractice, our incomes from the practice of cardiac surgery will be less than \$80,000 a year. This obviously is totally unacceptable, not only for those presently active in cardiac surgery, but perhaps even more importantly for those who are considering a career in an essential Specialty.

On a more pleasant note, we have an excellent program scheduled for the PGA National Resort & Spa in Palm Beach Gardens, February 24th – 26th. There is enclosed a schedule of the events and you will see that we have been able to attract some notable speakers on subjects of interest. We will also be having a socioeconomic discussion on the last day of our meeting. I hope that more of you than usual attend this meeting. It should be provocative and your contribution to the socioeconomic discussion valuable.

I remain available for anyone to call me regarding questions about these problems in the meeting. It is very important that we all stick together and converse as one.

I look forward to seeing you at the Annual Meeting in Palm Beach Gardens in February.

Sincerely,

T. Peter Downing, M.D.
President

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Thoracic Cardiovascular Surgeons
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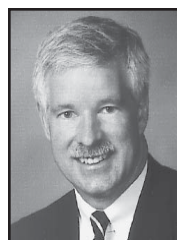
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**2006 Legislative
Session Preview**

*Christopher L. Nuland, Esq.
General Counsel*

With committee meetings already underway and bills being heard, the 2006 Legislative Season is already in full swing. As always, a multitude of bills would greatly impact the Society's physicians, and the Society already has been in contact with key leaders in an effort to promote the interests of our members and the patients they serve.

Unfortunately, many of the bills would adversely affect the practice of cardiovascular and thoracic surgery. For instance, Representative Farkas and Senator Jones once again have filed bills (HB565 and SB 272) that would eliminate the ability of physicians to self-insure. With premiums for cardiovascular surgeons continuing to soar and policy availability being an issue for many surgeons, this bill would force many surgeons to retire or relocate, and we once again will vigorously oppose this legislation.

On the other hand, Representative Ed Homan, M.D. has re-filed his surgical assistant bill (HB 427), which would allow a surgeon a wider choice of first assistants for which insurers would provide reimbursement. Senator Fasano has filed a companion bill in the Senate (SB 1044). In order to pass the Legislature, these bills will have to be approved by a total of eight different committees, but we will be at each one pushing this fine legislation.

On the tort front, the FMA has proposed legislation that would allow the Florida Board of Medicine some degree of regulatory authority over out of state expert witnesses. While still in draft format press time, this legislation would require out of state experts to obtain a certificate from the Board which could be revoked if the expert's testimony was to be found contrary to the actual standard of care. We will support this legislation when it is filed.

Other bills of interest include ARNP Prescribing of Controlled Substances, Mandatory Use of Circulating Nurses, and the Elimination of Joint and Several Liability.

As important as the Tallahassee legislative season is, recent events have shown that the Society also must be active in Washington. If current federal law is not amended, physicians face a 26% cut in Medicare fees by 2012 and a resulting similar cut in managed care fees that are based on the Medicare fee schedule. Fortunately, certain Floridian members of Congress such as Clay Shaw and Allen Boyd have been fighting to repeal the fatally flawed Sustainable Growth Rate formula, but the urgency of their mission has increased dramatically. We must continue to work diligently on this issue to ensure a fair and sustainable funding formula.

The past few years have proven that even a relatively small Society such as ours may be influential if its members are committed to affecting public policy. Supporting good legislation (and the statesmen who propose it) and opposing bad proposals (and the politicians that propose them) are now as important to your practice as your scalpel. Keep up the good work, and I look forward to working with you in 2006 to achieve great things.

WEB SITES OF INTEREST

**The Florida Society of
Thoracic & Cardiovascular Surgeons:**
www.fstcs.org

Society of Thoracic Surgeons:
www.sts.org

American College of Surgeons
www.facs.org

The Cardiothoracic Surgery Network
www.ctsnet.org



Members Agree SGR Is Unjust, But Partisanship Is Numbing.

By Gary Dworkin, MD

November 17, 2005

As the issue of Medicare reimbursement cuts heats up, we called Dr. Dworkin and asked him to go to Washington for the House Energy and Commerce Health Subcommittee hearing. What follows are Dr. Dworkin's comments about this issue and his trip.

I was well aware legislation dictated that there would be a 2006 across the board reduction in Medicare fees for physicians. I was told a year ago by sources in Congress and in the Executive Branch there was a diminishing amount of money that could be used to stave off or reverse this legislative mandate that is based on the Sustainable Growth Rate (SGR). As a result, I became pessimistic that even if a consensus in Congress were reached that physician payment was inadequate; our ability to reverse planned payment reductions would be difficult.

When Caryn called from the PCMA called me and said that the AMA was urgently pulling together several physicians from around the country to attend this subcommittee hearing, I was a bit rejuvenated knowing that the subcommittee was going to discuss Medicare physician payment for an entire day.

I've always known Congressman Bilirakis' position on this issue, and I knew that if he was going to be participating on the agenda, I should not let this opportunity pass. I quickly rearranged my schedule and arrived in Washington 48 hours later.

I went to Washington, DC without a firm notion as to what was going to be discussed. I hadn't seen any advance testimony until I arrived the evening of November 16th at 7:30 p.m. in the AMA headquarters. The senior officers of the AMA were waiting for me and we reviewed the literature over dinner with a few other doctors. The briefing lasted two hours. I came away realizing that we had a very important mission the following morning, and that the AMA was quite unsure of where this issue was going to fall within the committee and ultimately, what was going to be decided by the full House of Representatives.

In one sense I was upbeat because the AMA had solid information to give and we were going to stock the committee room with physicians. On the other hand, the AMA was very candid about their uncertainty

of Congress' ability to reverse the mandated reductions.

I stayed up until midnight reading the position papers. In the morning I met the president of the Wyoming State Medical Society, Robert Monger, MD, a rheumatologist. Although we come from very different types of practices and states, we both had the same thoughts about Medicare physician reimbursement. The cold hard truth was that this appeared to be a difficult position for doctors and for Congress.

Once the subcommittee meeting started, my ideas changed and evolved over the day. It appeared most members of this subcommittee, Republicans and Democrats, strongly felt physicians are underpaid, that the SGR is unrealistic and that the Medical Economic Index which has been trotted out by the AMA and others, could be a reasonable approach to gage the future growth of physician reimbursement in this country. The current reductions and future reductions were very disturbing to most members on the committee.

However, despite pleasantries and consensus and a good discussion, I was stunned at how pervasive, all encompassing, and even maniacal the practice of partisanship was. I knew the word "partisanship", but I didn't know how rapidly it could be practiced, until that day. I was surprised and embarrassed for my country to see how Republicans and Democrats in the open, in public, sparred over issues that were frequently agreed upon by most committee members.

The bottom line is that it seems that between the war in Iraq costing about \$900 million a day, the capability of the new prescription drug plan to single handedly bankrupt Medicare, and with all of the billions spent as a result of world wide 2005 natural disasters, no one can foresee how physician Medicare payment can be increased

To think that a procedure in 2013 will be paid the exact same amount as the identical procedure you did in 2004, is disappointing.

Now is the time for us (physicians) to suggest a solution, not complain. One solution that I think is economically sound and will keep pace with the cost of living is The Medical Economic Index. This Index needs to be something physicians get familiar with. And, if they agree with this concept,

they should strongly recommend it to their legislators.

Any rewrite of current law may also include "balance billing" and was discussed openly by the Republican Chair of Commerce and Energy. Even CMS Director Mark McClellan, MD, PH.D. suggested that balanced billing is not out of the question.

The practice of Pay for Performance, (P4P) as a Medicare pilot program was also discussed during testimony.

There was consensus among doctors during the hearing that PFP should not be promulgated until



Dr. Gary Dworkin meets with Congressman Michael Bilirakis

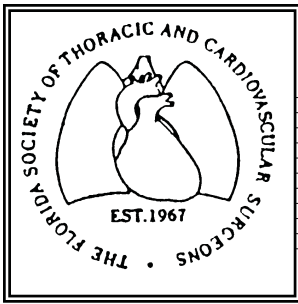
the SGR is completely rewritten. SGR must be rewritten to provide a palatable, realistic way of paying doctors for treating Medicare patients, which keeps pace with the costs of running a Medical practice and the cost of living index.

At press time

Congress was expected to conference over the budget and we hope the final budget will include Medicare increases. Congressman Bilirakis felt strongly there would be no reduction in fees and perhaps a slight increase before it is all over, but he and no one else can be too sure of the final outcome.

I thank the FMA and the PCMA for the opportunity to represent Florida physicians in Washington, DC.

The AMA sent a letter to Centers for Medicare and Medicaid Services' (CMS) Administrator Mark McClellan, MD, detailing ways to improve Medicare's proposed Physician Voluntary Reporting Program and implement long-overdue changes in the flawed Medicare physician payment formula. AMA told CMS to "fix the payment formula, then we'll talk incentives." The AMA pointed out their expertise in quality improvement initiatives, and the fact that physicians will not support any value-based purchasing or pay-for-performance (PFP) unless the flawed sustainable growth rate (SGR) formula is replaced with a formula that has annual updates based on the Medicare Economic Index (MEI), and they put policies in place that are consistent with the AMA's principles and guidelines for PFP. The letter also proposed an approach that would include positive increases in Medicare physician payments in 2006 and 2007, repeal of the SGR, and annual physician payment updates based on the Medicare Economic Index beginning in 2008. A modified "value-based purchasing" program would then take effect in 2009, which must address physicians' concerns regarding public reporting, pilot testing, efficiency measures and risk adjustment.



The Florida Society

39th Annual Meeting of Thoracic & Cardiovascular Surgeons

February 24 – 26, 2006

PGA National Resort & Spa, Palm Beach Gardens, FL

REGISTER NOW!

Before Time Runs Out

Special FSTCS Room Rate - \$279.00/night
(Room rate cutoff Jan 26, 2006)

Reservations 1-800-633-9150



It's not too late to register for the 38th Annual Meeting of the Florida Society of Thoracic and Cardiovascular Surgeons, scheduled for **February 24 – 26, 2006**, at the PGA National Resort & Spa in Palm Beach Gardens, FL. This year's conference promises to offer a diverse program (see agenda on next page). The socioeconomic topics are focused on ways to save the practice of Cardiovascular & Thoracic surgery.

❖ Friday February 24, 2006 ❖

- Practice Management Seminar
-or-
- Hands –On Workshop
with the DaVinci Robot

❖ Saturday February 25, 2006 ❖ Scientific Session

❖ Sunday February 26, 2006 ❖ Socioeconomic Session

- HB 2356 – RBRVS Revision Bill
US Representative, E. Clay Shaw, Jr.
- Legislative Update
Chris Nuland, Esq
- Socioeconomic Update
T. Peter Downing, M.D.

“We cannot save patients unless we save the profession. This meeting will help us do both.”

**– T. Peter Downing, M.D.
FSTCS President**

Please contact Bridget Anderson at the FSTCS Office for additional information and registration forms.

Phone: (904) 683-8200
Fax: (904) 619-0642
E-mail: fstcs@comcast.net

Or visit our website www.fstcs.org to download a registration form.

Annual Meeting Agenda

Friday, February 24, 2006

1:00 – 4:00 p.m.

Practice Management Seminar

1:00 – 4:00

Robotic Mitral Valve Repair

Chris W. Akins, M.D.

Hands-On Workshop with DaVinci Robot

3:00 – 5:00 p.m.

FSTCS Executive Council Meeting

6:00 – 8:00 p.m.

Welcome Reception with Exhibitors

Saturday, February 25, 2006

7:00 – 7:45 a.m.

Breakfast with Exhibitors

7:45 – 8:00 a.m.

Opening Remarks by President

8:00 – 8:30 a.m.

Minimally Invasive Aortic Valve Replacement

Joseph Lamelas, M.D.

8:30 – 9:00 a.m.

Minimally Invasive Aortic Valve Replacement

Lawrence H. Cohn, M.D.

9:00 – 9:30 a.m.

Current Concepts on Surgical Treatment of Heart Failure

Irving L. Kron, M.D.

9:30 – 9:45 a.m.

Q & A Session

9:45 – 10:15 a.m.

Networking Break with Exhibitors

10:15 – 10:45 a.m.

VADS as Destination Therapy

O.H. "Bud" Frazier, M.D.

10:45 – 11:15 a.m.

Case Presentations (2)

Jeffrey Bott, M.D.

Mark Malias, M.D.

Saturday, February 25, 2006 cont.

11:15 – 11:30 a.m.

Panel Discussion w/ All Speakers

11:30 – 12:30 p.m. Working Lunch

Surgical Outcomes using Precedex

Staffan Wahlander, M.D.

1:00 – 6:00 p.m. **Golf Tournament**

7:00 p.m. **President's Reception & Dinner**

Operation Iraqi Freedom:

One Surgeon's Experience

LTC James A. Obney, M.D.

Sunday, February 26, 2006

7:30 – 8:00 a.m.

Breakfast with Exhibitors

8:00 – 8:30 a.m.

Annual Business Meeting

8:30 – 9:00 a.m.

Pacemaker Lead Removal

Charles L. Byrd, M.D.

9:00 – 9:30 a.m.

Thoracoscopic Approach and Indications for Biventricular Pacing

Omar M. Lattouf, M.D.

9:30 – 10:00 a.m.

HB 2356 – RBRVS Revision Bill

US Representative, E. Clay Shaw, Jr.

10:00 – 10:30 a.m.

Legislative Update

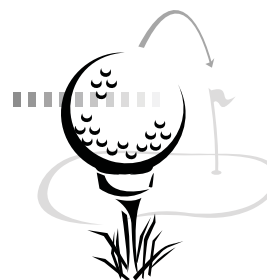
Chris Nuland, Esq

10:30 – 11:15 a.m.

Socioeconomic Update

T. Peter Downing, M.D.

11:30 a.m. Adjournment



Don't forget to sign up for

The 7th Annual FSTCS Golf Tournament

Saturday, February 25, 2006

1:00 p.m.

DOES YOUR PROFESSIONAL LIABILITY COVERAGE REALLY COVER YOU?

*Christopher L. Nuland
General Counsel*

Few Florida physicians need to be reminded that the professional climate has changed dramatically over the past decade, with decreasing reimbursements and increasing costs and regulations. These changes require a physician to re-evaluate all aspects of the medical practice, including a malpractice policy that once was satisfactory but is now obsolete and grossly inadequate.

First and foremost, a physician needs to determine if his or her coverage limits are adequate. Whereas even a year ago many physicians were content to have \$250,000 coverage (the minimum required by the state) and were prepared to declare bankruptcy in the event of a larger settlement of verdict, the new bankruptcy laws make a declaration of bankruptcy a less attractive option, as fewer assets are protected and a larger portion of a physician's income may be made available to creditors.

In addition to the coverage limits, the prudent physician will also re-examine what the policy covers. While the traditional PLI policy insured the physician for civil claims of professional negligence, such coverage fails to cover the physician's

practice, its employees, and its subcontractors for such claims. All are increasingly named in civil suits, as including such parties potentially allows a plaintiff a greater opportunity for collection, but malpractice carriers will not cover losses attributed to these other parties unless the policy specifically insures against them.

Moreover, the Florida Board of Medicine recently announced with pride that its increasingly vigilant enforcement of its rules and regulations has led to a tripling of fines collected. As a result, a physician should ascertain whether the existing policy covers both civil and administrative (e.g., Board of Medicine) actions. Many companies routinely provide this type of coverage at little or no cost, but existing policies that do not include such coverage are not automatically updated to include it.

As conditions change, physicians need to periodically review their professional liability coverage to ensure that their coverage actually matches their needs.

FSTCS MEMBERSHIP

You are invited to apply for membership in the Florida Society of Thoracic & Cardiovascular Surgeons. Application forms may be obtained by contacting Bridget Anderson in the Society office; (904) 683-8200 or fstcs@comcast.net or on the Society's NEW website www.fstcs.org

Application deadline is January 15, 2006. Applicants for active and associate membership will be presented for consideration to the council at the 2006 Annual Meeting; February 24 - 26, 2006. Dues are payable upon notification of acceptance.

Please send your application with the \$50.00 application fee to:

Membership Committee Chairman
Florida Society of Thoracic & Cardiovascular Surgeons
5101 Ortega Boulevard
Jacksonville, FL 32210

• **ACTIVE MEMBERS**

Qualifications:

1. Certification by the American Board of Thoracic Surgery
2. Established in the practice of thoracic and cardiovascular surgery for a minimum of two (2) years in the state of Florida.
3. Provide names of 2 current FSTCS Members outside your own group practice as references.

Dues:

Annual Dues will be \$250.00 per Active Member

• **ASSOCIATE MEMBERS**

Qualifications:

1. Have completed training in an approved thoracic and cardiovascular residency program
2. Are in the process of acquiring certification
3. Are licensed to practice in the State of Florida.
4. Provide names of 2 Current FSTCS Members outside their own group practice as references.

Dues:

Annual Dues will be \$200.00 per Associate Member

• **ALLIED HEALTH PROFESSIONALS**

Qualifications:

1. Any allied health professional that is employed in the field of cardiovascular and thoracic surgery in the State of Florida (i.e. – Administrators, Billing Managers, P.A.'s and Nurses.)
2. Nomination by an Active member of the Society.

Dues:

Annual Dues will be \$50.00 per AHP Member

It Pays To Be a Member

of The Florida Society of Thoracic
and Cardiovascular Surgeons

The Florida Society of Thoracic and Cardiovascular Surgeons' Board of Directors is pleased to announce our endorsement of Florida based First Professionals Insurance Company (FPIC) as the official provider of professional liability insurance for FSTCS members.

Members in good standing with the FSTCS are eligible for a 5 percent discount on malpractice premiums. FSTCS members may also be eligible for additional claims-free discounts for even greater savings up to 25 percent.

**With FPIC
There is a Difference:**

- ◆ Florida's largest malpractice carrier
- ◆ Unmatched record of defending Florida doctors
- ◆ Physicians insured with FPIC receive legal defense coverage for investigations by the Florida Board of Medicine and other state and federal agencies at no additional charge.



FPIC
First Professionals Insurance Company

We Are Florida's Physicians Insurance Company

For more information visit our website at www.firstprofessionals.com or contact Angie Nykamp, Director of Society Relations, FPIC, 800.741.3742, ext. 3071, or by e-mail at angie.nykamp@fpic.com

The Florida Society of Thoracic and Cardiovascular Surgeons News

The Florida Society of Thoracic and Cardiovascular Surgeons newsletter is published periodically and mailed to members of the Society.

T. Peter Downing, M.D., President
J. Crayton Pruitt, Jr., M.D., Secretary/Treasurer
Bridget H. Anderson, Administrator

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E-mail: fstcs@comcast.net
Website: www.fstcs.org

Mark Your Calendar with these Important Dates

2005 FSTCS Annual Meeting
February 24 – 26, 2006
The PGA National Resort & Spa
Palm Beach Gardens, FL

2006 FSTCS Summer Retreat
July 7 - 9, 2006
Ocean Reef – Key Largo, FL

FSTCS
5101 Ortega Blvd.
Jacksonville, FL 32210