



# THE FORUM

Nov/Dec 2012 ♦ Volume 11, No. 6 THE OFFICIAL MAGAZINE OF THE COLLIER COUNTY MEDICAL SOCIETY

## High Stakes for a Big Payout

friends of PLAN put it on the line

Pictures from PLAN's Casino Night fundraiser on page 14  
(l-r) Susan Cera, MD, Johnn Griffith, DDS, Joe Bernard, Todd Lupton and Jennifer Schell



### WHAT'S INSIDE

WOULD YOU SUPPORT A NEW  
PATIENT COMPENSATION SYSTEM?

IN APPRECIATION  
OF JIM COLETTA

THE CASH BACK  
PROGRAM WORKS!

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## CCMS MEMBER NEWS

### RELOCATED PRACTICES

**Barbara-Ann Britten, M.D., P.A.** has opened a concierge internal medicine practice located at The Baker Center, 201 8th Street South, Suite 202, Naples 34102. Phone 331-2341, Fax 331-2436 and business email is DocB@brittenmd.com

**Tulay Darstek, M.D.**, Internal Medicine and Geriatrics, is now concierge. Her practice, Naples Private Health Care is located at 11181 Health Park Blvd, Ste. 2260, Naples, FL 34110. Phone: 514-5006, Fax: 514-5008 [www.naplesprivatehealthcare.com](http://www.naplesprivatehealthcare.com)

**Corey Howard, M.D., FACP**, Internal Medicine, has opened a new practice in lifestyle medicine with a focus on weight management and lifestyle intervention. Physician's Life Centers, LLC, 1000 Goodlette Road, Naples, FL 34102 Phone: 643-2112 Fax: 643-0094 [www.physicianslifecenters.com](http://www.physicianslifecenters.com)

### ANNOUNCEMENTS

**Dr. Prathima Moorthy** and **Dr. Shardul Nanavarti** welcomed a baby girl, Serena, on September 29th. Congratulations on the happy event.

### NEW ADDRESS

**Mark R. Goldstein, M.D.** is now at 1845 Veterans Park Drive, Ste. 110, Naples, FL 34109, ph: 566-2382, fax: 643-9060

**Stephen J. Laquis, M.D.** is now at 7331 College Pkwy, Ste. 200, Ft. Myers, FL 33907

**Caren F. Mikesh, M.D.** is now at 694 8th Street N., Naples, FL 34102

### PHYSICIAN DIRECTORY CORRECTIONS

**Carlyn J. Malik, M.D.** retired in January 2012

**Elton W. LeHew, M.D.** retired in September 2012

**Paul M. Gardner, M.D.** change of fax number to 239-431-8069

**May L. Foo, M.D.** correct phone number is 239-436-5520

**Roland Werres, M.D.** correct fax number is 239-354-4328

**Carlos Portu, M.D.** correct fax number is 239-348-4340

### Board of Directors 2012-2013 CCMS

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Rolando Rivera, M.D.

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and Margaret Eadington, Executive Director, CCMS

Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

### CALENDAR OF EVENTS

Register for these events at (239) 435-7727 or [info@ccmsonline.org](mailto:info@ccmsonline.org)

**FRIDAY, NOVEMBER 16TH**

**New Members Welcome Cocktail Party**

**6:30pm-8:30pm**

Tiburon Golf Club at the Ritz Carlton Golf Resort  
2620 Tiburon Drive  
Naples, FL 34109

**Register before Nov. 14<sup>th</sup>  
at [www.ccmsonline.org](http://www.ccmsonline.org)**

### WHAT DO YOU WANT TO KNOW?

**Help us make this magazine more valuable!**

**Send your topic ideas and letters to the editor or e-mail comments  
to Dr. Richard Pagliara at [rpagliara@hotmail.com](mailto:rpagliara@hotmail.com).**

## WELCOME NEW MEMBERS



### NEETU MALHOTRA, M.D.

Nephrology  
Nephrology Hypertension of Naples, PL  
Practice of James Reid Sterrett, M.D.  
6101 Pine Ridge Road, Desk 32  
Naples, FL 34119  
348-8804 Fax: 348-8836

**Board Certified:** Internal Medicine

**Board Eligible:** Nephrology



### SHEMIN S. SAFERALI, M.D.

Medical Oncology & Hematology  
Premiere Oncology  
955 10th Avenue N.  
Naples, FL 34102  
325-1440 Fax: 322-5605

**Board Certified:** Internal Medicine



### RAMIN SASSANI, D.O.

Internal Medicine  
Physicians Regional Medical Group  
3291 Woods Edge Pkwy, Ste. 200  
Bonita Springs, FL 34134  
348-4005 Fax: 947-4439

**Board Certified:** Internal Medicine

## REINSTATED MEMBERS

### JOHN W. SNEAD, M.D.

SNEADCataract  
5335 Airport Pulling Road N.  
Naples, FL 34109  
594-5550 Fax: 592-5407

### DAVID H. TURKEL, M.D.

Radiology Regional Center  
700 Goodlette Road N.  
Naples, FL 34102  
430-1400 Fax: 430-1401

## NEW MGMA CHAPTER!

Southwest Florida is about to get its own **Medical Group Managers Association** chapter with its first luncheon meeting set for **Thursday, Nov. 8th at 11:30 am the Country Club of Naples.**

MGMA is the resource leader for healthcare administration management and medical practice managers. It is a premier membership association that provides networking, professional education, resources and political advocacy for the medical practice management industry.

Share this opportunity with your practice managers, who can sign up to attend the luncheon by calling (239) 216-1252. Additional information is available at [www.mgmasouthwestfl.org](http://www.mgmasouthwestfl.org).

## LONGTIME MEMBER DR. ELTON LEHEW RETIRES

**Elton LeHew, M.D.** has retired after over 40 years in practice. Dr. LeHew obtained his medical degree at the University of Oklahoma graduating in 1968 and completed his medical training, with a specialty in psychiatry, at Greenwich Hospital, New York Hospital, White Plains and UCLA, Westwood CA. He served in the United States Navy as a neuropsychiatrist from 1970-72 and practiced in Greenwich, CT. and Ft. Myers, before moving to Naples in 1991 where he became an associate with Dr. Robert Wald. We wish Dr. LeHew a happy retirement with plenty of time to travel, enjoy Naples and relax.

*Dr. LeHew with Terry Van Lengen at a 2011 Medical Society event*



## COEMIG RECOGNIZES DR. HIDLEBAUGH'S EFFORTS

Congratulations to CCMS member Dr. Dennis Hidlebaugh and members of the surgery department at Physicians Regional/Collier Boulevard who were recently designated as a Center of Excellence in Minimally Invasive Gynecologic Surgery (COEMIG) by the AAGL (Advancing Minimally Invasive Gynecology Worldwide). The hospital is the first in the State of Florida to be awarded the designation.

According to Dr. Hidlebaugh, the COEMIG Physician Program Director, and Vice Chief of Staff at Physicians Regional Healthcare System, "The COEMIG program fosters quality improvement in minimally invasive gynecologic surgery, and participation reflects the team effort on exceeding clinical benchmarks and guidelines. But most importantly, our commitment to excellence improves the health and well-being of our patients."

## MEMBERS GET CASH BACK

by R. Mark Webb, CPCU, ARM, AAI, Senior Vice President, and Janet Moore, CPCU, CIC, Healthcare Risk Consultant, Lykes Insurance, a CCMS Preferred Vendor

**C**ONGRATULATIONS to all participants in the CCMS Workers' Comp Plan! Lykes Insurance recently enjoyed the opportunity to deliver **MONEY** to practices that participate through OptaComp.

This valuable membership benefit resulted from favorable claims history of all participants in the OptaComp workers' comp program for the past two years. Dividends of 13.42% and 10.9% were paid for policy years 2010 and 2011 respectively. CCMS plan participants benefit from the opportunity to receive up to a 24.8% dividend on their workers' comp policy premiums. Most practices do not qualify for a dividend plan on their own due to premium size, so this benefit is a great opportunity to gain a reward for favorable loss experience. **Dividend checks ranged from \$96.16 to \$740.83!**

OptaComp provides 24/7 access for claims reporting with an Intake/Triage team and is rated "A" by AM Best. OptaComp has one of the lowest 5 year loss ratios of workers' comp carriers in Florida.

CCMS is pleased to bring this benefit to members through OptaComp and Lykes Insurance.



Dr. & Mrs. Ritter received their OptaComp dividend checks through participating in the CCMS program. They were also celebrating the 13th Anniversary of their practice that day.



**Janet Moore, CPCU, CIC**  
Healthcare Provider Risk Consultant  
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Janet Moore & Doshie Crandall of Dr. Blane Crandall's office were excited to receive a dividend check!



## MESSAGE FROM THE PRESIDENT

# WOULD YOU SUPPORT A NEW PATIENT COMPENSATION SYSTEM FOR FLORIDA DOCTORS?

by Rolando Rivera, M.D., President, Collier County Medical Society



Recently, we were approached by Dr. Lee Gross, a family practice physician and Treasurer of the Charlotte County Medical Society, seeking support for the proposal of a Patient Compensation System. Dr. Gross presented this concept at a recent meeting of the Florida Medical Association and we thought that members of Collier

County Medical Society may be interested in reading more. Your Board met with Dr. Gross in October and we were in agreement that the concept has merit. We would be interested in your comments. You will find below a letter from Dr. Gross seeking support for reform, followed by Dr. Gross' response to a recent letter circulated by The Doctors Company.

*The Florida Medical Association (FMA) has consistently and passionately advocated for meaningful tort reform, and as County Medical Society members we are asking you to support the creation of a no-fault Patients' Compensation System.*

*It is widely agreed that the medical malpractice tort system in the United States is not adequately accomplishing its three main goals: deterrence of unsafe practices, compensation for injured persons, and corrective justice.*

*However, Patients for Fair Compensation is proposing a Patients' Compensation System that will increase patient safety, as well as provide fair compensation and real access to justice for injured patients. By replacing the current medical liability system with one legally modeled after the Workers' Compensation System, not only will all three objectives be met, but it will help temper skyrocketing health care costs.*

*With the FMA's support, this unique solution can become a reality. This is not tort reform or malpractice caps. This is truly a pioneering, equitable and efficient model for handling medical liability; one that will work for patients, physicians and our economy.*

*According to a recent Florida physician poll, 92 percent of Florida physicians support the creation of this landmark system. This same study suggests that one in three dollars spent on health care in Florida currently pays for unnecessary tests and treatments that physicians order to keep from being sued. This spending equates to more than \$40 billion dollars each year, costing every Floridian up to \$2,000 annually.*

*By eliminating the fear of being sued, the wedge between patients and physicians will be removed, allowing doctors to choose the best healthcare for their patients. Fewer unnecessary tests and procedures will result in decreased health care costs for individuals, employers, as well as state and federal governments.*

*Also, by eliminating hundreds of millions of dollars in wasted litigations costs, many more patients will be compensated without increasing our medical malpractice insurance rates. The vast majority of these new patients represent small claims that trial attorneys currently will not handle.*

*It is time we replace our broken medical liability system with one that works for everyone. Please show your loyalty to your members by using your legislative presence to protect physicians and their patients, as well as reduce the burdens of our current medical liability system.*

-Lee Gross M.D

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# PATIENT COMPENSATION SYSTEM REFORM UPDATE

by Lee S. Gross, M.D., Treasurer, Charlotte County Medical Society, and President, Florida Chapter of Docs4PatientCare

**Y**ou may have received a letter from The Doctor's Company (TDC), most recently known as the First Professionals Insurance Company (FPIC). The letter indicated a formal legislative position regarding the **Patients' Compensation System (PCS)** medical liability reform that was introduced in the Florida legislature and recently presented in the keynote address to the Florida Medical Association's membership at its annual meeting in Boca Raton.

**If PCS becomes law, physicians, dentists and others in the healthcare industry, would never be sued again for negligence. The system will use practicing Florida physicians to determine whether a medical injury has occurred, a true "jury of peers". If so, payments will be paid according to a capped, predictable schedule.**

Since awards are capped and predictable, you might ask yourself why TDC would align itself with the Florida Academy of Trial Attorneys in opposing this legislation. Since it's capped and predictable, you might think that TDC would support any legislation that gets its customers out of the court room.

However, TDC and trial attorneys are both making huge profits off the backs of Florida physicians. Any elimination of control within the malpractice industry will reduce the 40% profit that MedMal carriers are currently realizing. The following information includes TDC's comments, along with clarification regarding errors found in the TDC marketing piece:

**TDC:** While we would like physicians relieved of the emotional and financial burden the medical tort system places on them, we do not want another PCS Fund of the 1970s and 80s. That system did not work and its failure created a huge financial burden for providers. We do not believe, given the problems with PIP, that no-fault is the cure for the current system's problems.

**Fact:** In the 1970s, the Florida Legislature enacted mandatory mediation panels that were but a stepping stone to civil litigation. That proposal was invalidated by the Florida Supreme Court in 1980. The proposed 2012 PCS and the one from the 70s are similar by name only. The mechanics and goals of the two systems are completely different.

**TDC:** We don't believe that workers' compensation is an ideal system worthy of replication. There are exceptions to the workers' compensation systems (WCS) that allow a worker to sue their employer to recover damages. We believe that the PCS will also include exceptions that will still allow a physician to be sued. These systems are not inexpensive despite their structure.

**Fact:** While the WCS provides a good example of a legal precedent for a system of this sort, there are significant differences between the two systems. Unlike WCS, PCS is not adversarial and is safeguarded against fraud. There are no exceptions present where physicians can be sued.

**TDC:** ...actuarial reports indicate a decrease in premium for physicians in Florida. **We do not agree with these claims.** In fact, we believe the PCS representatives and their actuaries have dramatically underestimated the cost of the system they propose. We believe that their system will actually cost more than the current system. That cost will be placed on the physicians participating in the system.

**Fact:** The actuarial study conducted by AON, the leading global provider of risk management, shows a substantial decrease in premiums (up to 80%) for Florida physicians. The chart featuring your specialty's estimated premiums, including no deductible with unlimited coverage and no tail coverage ever needed, is available on the Patients for Fair Compensation website.

**TDC:** While we understand the appeal of a "no-fault" system our defense of physicians is fierce and uncompromising because we know that their professional reputation and personal assets are at stake. As an organization led by doctors, we have a keen understanding of how a malpractice claim can affect a doctor. When a claim is filed our expert defense team, including claims managers, defense attorneys and expert witnesses, immediately engages to relentlessly defend our members. We believe our coverage truly provides "no-fault" protection against frivolous claims.

**Fact:** The no-fault system ensures that doctors are never sued, forced to settle, submitted to the Data Bank or subject to an adversarial litigation process. PCS would ensure that physicians will never again have their personal assets at stake due to predatory lawsuits.

**TDC:** We believe that the most effective way to reduce claims cost, and as a result physician malpractice premiums, is effective and permanent tort reform. As a result of tort reform passed in Texas in 2003 claims and lawsuits in most counties have been cut in half. Consequently Texas doctors have seen their liability costs reduced an average of 46 percent.

**Fact:** In states praised for tort reform, like Texas, doctors still believe they can be hauled into court and are aware they are at the mercy of the state's Supreme Court. As a result, health care costs are not reduced under tort reform. We need tort replacement. Missouri's Supreme Court overturned its 2004 caps on non-economic damages earlier this year. Seven other states' Supreme Courts are also reviewing similar cases. Florida is among them.

**TDC:** Finally, we are very concerned that the legislation promoting the PCS will be used as a vehicle to require every physician purchase insurance, infringing on their right to choose. Past legislation has been used as a vehicle to argue for a government run insurance company. Mandatory insurance provided by a government is a euphemism for a give-away program.

**Fact:** An opt-out provision has been added to the legislation to allow Florida physicians the choice of opting-out of the Patients' Compensation System. They can choose a system where they will never have to fear being "hailed into court", no longer have personal financial exposure beyond the cost of their decreased malpractice premiums, while simultaneously providing fair compensation when a true preventable medical injury occurs, that is adjudicated by a panel of their peers. OR...they can alternatively choose to continue under the current tort system, maintaining their right to "defend themselves" with litigation, as well as the option to continue their financial relationship with their current MedMal carrier. Florida physicians will also retain the option to go bare.

Decisions regarding the personal and financial liability of physicians should not be made by those who are financially dependent on doctors being sued. **Go to <http://patientsforfaircompensation.org> to let the FMA know you support the Patients' Compensation System.**

## A FRIEND TO PHYSICIANS: COMMISSIONER JIM COLETTA

It is said that all good things come to an end. And so it is with heartfelt appreciation and thanks that we recognize Commissioner Jim Coletta for his dedication to the citizens of the county and especially to bringing access to healthcare for the underserved in our community. Commissioner Coletta will step down from the Board of County Commissioners after 12 years of outstanding service.

Recognizing the need for a clinic that would serve the low income uninsured, Commissioner Coletta spearheaded a health care committee that brought together community leaders resulting in the opening of the Horizons Health Clinic in Golden Gate. The CCMS WeCare program was founded as part of this initiative to serve the specialty needs of patients and was later renamed PLAN of Collier County. He recognized early in his career as a commissioner that doctors were an integral part of the picture, meeting with physicians at CCMS meetings, steering committees and health fairs. Jim Coletta always looked for the right thing to do that would serve the citizens of the county. His support of the EMS system under the guidance of Dr. Tober was supported by CCMS and his initiative to reach out to Jackson Labs to diversify and expand the medical industry in the county was appreciated by the medical community. His latest project to bring “medical tourism” to the county is well under way.

Jim Coletta’s outgoing personality has made him a popular figure at CCMS meetings for many years. His foresight and ability to make changes in the community have been recognized and applauded by our physicians and he is valued as a respected leader. We wish the commissioner and his wife MaryAnn all the best for the future.



*Richard Akin, Dr. David Spellberg, Tom Schneider, Commissioner Coletta at a founding meeting of PLAN in 2003.*



*Commissioner Jim Coletta receives a blood pressure screening at a free public health fair in 2007 organized by the Medical Society*



*Commissioner Jim Coletta in 2012 with Paul Hobaica, M.D., Arthrex Medical Director; D. Scott Madwar, M.D., CCMS President; and Reinhold Schmieding, Arthrex Founder and President*



*Commissioner Jim Coletta and wife, MaryAnn, with CCMS President Dr. Michael Caputo in 2008*



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## *NEWS FROM THE HEALTH DEPARTMENT*

# LEADERS & COMMUNITY MEMBERS PRIORITIZE HEALTH CONCERNS IN COLLIER

*by Joan M. Colfer, M.D., M.P.H., F.A.C.P.M., and Deb Millsap, M.Ed., RD, LD*

**T**his past April, the Collier County Health Department and NCH Healthcare System joined forces to work on Community Health Improvement Planning (CHIP). Although this effort is a multi-year, comprehensive process, the first step to determine community themes & strengths and forces of change related to health has been accomplished. A brief summary of that report will follow. However, if you would like to read the complete report, go to [www.collierhealthdept.org/Documents/communityhealthimprovement.pdf](http://www.collierhealthdept.org/Documents/communityhealthimprovement.pdf)

To identify health-related community themes & strengths and forces of change, a survey was sent electronically to over 100 Collier County leaders who had participated in past Sustaining Excellence conferences. These leaders represent a variety of agencies from healthcare, education, law enforcement, Chamber of Commerce, parks & recreation, city council and commission members, transportation, growth management, charities and coalitions. A leadership focus group followed the survey to help elaborate on health-related priorities and concerns. To balance the perspective, community focus groups were held in three strategic locations; Golden Gate City, Immokalee and Naples. These groups were chosen to elicit input from community members that reflect and include the diversity of the community. Two additional focus groups were held with employees of NCH Healthcare System and the Health Department. At each focus group, attendees were asked to complete the same Community Health Survey that was completed by leadership. Discussion followed to gain clarity.

Included in the survey was an opportunity for respondents to prioritize ten different healthcare related issues. They were asked to rank from 1 to 10 the issues they deemed most important in relation to the health in our community. Those issues (not in ranked order) are listed in the box at right.

The survey also included a section of 24 statements which required respondents to rate how true they perceived the statement to be. To see these questions and the entire survey, go to the link referred to in the first paragraph above.

Overall, there were many thoughts and impressions provided about the healthcare system and contributing factors. Results indicated some differing priorities between leadership, employee and community members. In regards to ranking the list of issues above, leadership's number one concern was access to care, followed by chronic disease and obesity. Meanwhile, the community members' greatest concerns were with healthcare for the elderly, chronic disease and mental health.

We were particularly surprised the community groups did not rank access to care as a high priority. However, many explained, they use emergency departments for their medical needs, despite knowing this is not always an appropriate use of resources. We had also thought obesity would be of greater concern in the community focus groups. They ranked it 6th compared to the leaders who ranked it as the 3rd highest priority. The employee groups listed chronic disease, then alcohol and drug use and obesity as the top issues. All groups discerned unintentional injuries as their lowest concern. In identifying problem areas, most groups listed employment, affordable housing, drug and alcohol abuse, unsafe roadways for pedestrians and bicyclists, access to affordable, healthy foods in one's own neighborhood and lack of long term care beds as concerns.

All groups agreed there are many wonderful programs within the county, but capacity to fill all the needs is limited. As we continue this Community Health Improvement Planning process, a more in-depth community health assessment will be completed by May of 2013. If you are interested in becoming involved in this process, please contact the Health Department at 252-5332.

### Top 10 Healthcare Related Issues in Collier

- 1 Access to Care
- 2 Alcohol and Drug Use
- 3 Chronic Disease (heart disease, diabetes, cancer)
- 4 Communicable Diseases
- 5 Dental Health
- 6 Disabilities (physical, sensory, intellectual)
- 7 Health of the Elderly
- 8 Mental Health
- 9 Obesity
- 10 Unintentional Injuries

# MEDICATION-RELATED ERRORS & LIABILITY: WHAT CAN YOU DO?

by David B. Troxel, MD, Medical Director, Board of Governors, The Doctors Company

**M**edications are increasingly complex and can be a source of errors resulting in patient injury and liability. This was clearly illustrated in a claim presented in The Doctor's Advocate ("A Tragic Lesson in Drug Safety" in the third quarter 2011 issue) involving a physician who prescribed Tussionex (hydrocodone and chlorpheniramine) to a four-year-old for treatment of a cough.

The child died from respiratory depression. An FDA Alert indicating reports of life-threatening events in children taking Tussionex had been issued the week before the prescribing event occurred. The manufacturer's "Dear Provider" letter advising that prescribing Tussionex to children under six was contraindicated had been released the following week. A new edition of the Physicians' Desk Reference (PDR) in the physician's office contained the warning. The pharmacist filling the prescription received an electronic Drug Utilization Review Alert requiring him to contact the physician regarding its safety. He overrode the Alert and filled the prescription.

Because malpractice claims involving prescription medications are common, and the FDA-approved labeling is often the standard to which physicians are held, The Doctors Company has performed several claims analyses to determine the incidence of medication-related errors and to identify the drugs most commonly involved.

One of our studies involved reviewing 3,310 consecutive claims from The Doctors Company that closed in 2010. These involved all medical specialties. Medication-related errors were present in 6 percent of these claims.

Because of the large size of this sample that included all closed claims and all specialties, the 6 percent incidence of medication-related errors is probably an accurate estimate of their incidence in all medical professional liability claims.

The classes of drugs most frequently involved in medication-related errors are anticoagulants (chiefly Coumadin), antibiotics (particularly gentamicin), opioids, and steroids. Monitoring is the most common medication-related error—which accounts for the prevalence of Coumadin and gentamicin in these medication-related claims.

*Wishing all our members a  
Very Happy Holiday Season*

*from Margaret Eadington & Nancy Wood*

## Strategies for mitigating medication-related errors include:

1. Signing up for the free online PDR Drug Alert service at [www.PDR.net](http://www.PDR.net).
2. Reading the entire FDA-approved labeling for the drugs most commonly prescribed to earn free CME credits at [www.thedoctors.com/label](http://www.thedoctors.com/label).
3. Using an EHR that provides the full updated FDA Alerts and labeling from the PDR BRIEF service.

This article has been edited to fit this space. You can request the full article by Dr. Troxel from the Medical Society by calling (239) 435-7727.

## References

1. Budnitz DS, Lovegrove MC, Shehab N, Richards CL. Emergency hospitalizations for adverse drug events in older Americans. *N Engl J Med*. 2011;365(21):2002-12.
2. Centers for Disease Control and Prevention. Prescription painkiller overdoses in the U.S. Vital Signs. <http://www.cdc.gov/vitalsigns/PainkillerOverdoses/>. Published November 2011.

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We created the Tribute Plan to provide doctors with more than just a little gratitude for a career spent practicing good medicine. Now, the Tribute Plan has reached its five-year anniversary, and over 22,700 member physicians have qualified for a monetary award when they retire from the practice of medicine. More than 1,300 Tribute awards have already been distributed. So if you want an insurer that's just as committed to honoring your career as it is to relentlessly defending your reputation, request more information today. Call (800) 741-3742 or visit us at [www.thedoctors.com/tribute](http://www.thedoctors.com/tribute).



Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see [www.thedoctors.com/tribute](http://www.thedoctors.com/tribute).

## LEARNING & CAMARADERIE ON THE HIGH SEAS

*by Marilyn J. Varcoe, Ph.D., CCMS member*

The 2012 Educational Cruise on the Azamora Quest on August 12, 2012 sailing to Italy, Croatia, and Montenegro was a memorable and enjoyable trip.

The three CME seminars were given by Dr. Paul Jones, Dr. Caroline Cederquist and Dr. Rafael Haciski. New information on Adult Immunizations was provided by Dr. Jones, while Dr. Cederquist explained very useful data on the Metabolic Syndrome. Dr. Haciski addressed the controversial topic

of Bio Identical Hormone replacement for women. The lectures were held at sea in the beautiful drawing room of the Azamora Quest while cruising the spectacular Fjora of Montenegro Bay.

A 10-day cruise around the British Isles is being planned for July 31, 2013 aboard the Cunard's Queen Elizabeth. We hope more colleagues will join us next year! Call Sandi Hamann at Preferred Travel of Naples, Inc. (239) 261-1177.



*seated: Dr. Paul Jones, Dr. Caroline Cederquist, Dr. Wendy Humphrey, standing: Dr. Ivan Seligman, Dr. Marilyn Varcoe, Dr. Rafael Haciski, and Dr. Elton LeHew enjoyed the cruise with family and friends.*

## CIRCLE OF FRIENDS – A PROGRAM OF PREFERRED VENDORS

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## *An Evening in Monte Carlo*

On Saturday, September 29th over 150 gambling friends of Physician Led Access Network (PLAN) of Collier County descended on the Naples Yacht Club to enjoy a night of high stakes to raise money for the agency.

Presented by BMO Harris Bank, with additional sponsorship by Dr. Rebecca Rock, First Citizens Bank, Markham Norton Mosteller Wright & Co., FineMark Bank, Pastore Financial Group, Radiology Regional Center, and Naples Illustrated, the event raised over \$15,000 for PLAN. This is the first of many social fundraisers expected from PLAN in the coming future.



*Dr. Michael Carron bids against Dr. Ronald Goodwich & Brenda Maraman*



*Lisa Clifford and guest look on as Dr. Richard Pruitt and wife Silvia get ready to bet big*



*Dr. Anthony Vernava III draws attention at the tables*



*Dr. & Mrs Reidy are ready to hit the tables*



*Sheila and Jerry Markham play cards with John and Kelly Daly*



*Claudia & Dr. Rolando Rivera*



*Dr. Rebecca Rock arrives in style with husband Jeff Yun.*



*Cathy and Dr. Richard Pagliara make a dramatic entrance*



*Drs. Eric & Theresa Vensel are ready for Monte Carlo*

## WHEN THE SUN SETS AT YEAR END

by Brenna Abbott, CPA, Senior, Hill, Barth & King, LLC, member of the CCMS Preferred Vendors Circle of Friends

For more than 10 years Americans have enjoyed a number of taxpayer-friendly laws that have kept the rates on income, capital gains and dividends historically low. Unless Congress acts to extend the legislation originating in 2001 that kept tax rates low and deductions high, numerous tax provisions will expire on January 1, 2013.

The 2001 tax act had several provisions and almost all individual taxpayers benefit from at least one of them. **There are five important provisions that will affect most taxpayers.**

**1** The first provision deals with the **increase in each individual tax bracket**. Everyone will face higher federal income taxes if the tax cuts expire; not just those individuals who fall into the top two federal income tax brackets. The existing 10 percent, 25 percent, 28 percent, 33 percent, and 35 percent rates will be increased to 15 percent, 28 percent, 31 percent, 36 percent, and 39.6 percent, respectively.

**2** The **tax on capital gains and dividends will also rise** on January 1, 2013, if Congress does nothing. Again, the increases will be across the board, every individual in each tax bracket will be affected. Right now, for individuals in the top four brackets, the maximum federal rates on long-term capital gain and dividend income is 15 percent and 35 percent on short-term capital gains. Starting next year for these individuals, the maximum rates are scheduled to be 20 percent on long-term gains and 39.6 percent on dividends and short-term capital gains. Individuals in the lowest two rate brackets currently have a very favorable 0 percent rate that applies to long-term gains and dividends. They also have a maximum 15 percent rate on short-term capital gains. Starting next year, the maximum rates will be 10 percent rate on long-term capital gains and 28 percent rate on dividends and short-term gains.

**3** The third provision is the **expiration of the marriage penalty relief**. The previous tax cuts included several provisions to ease what is called the "marriage penalty". The marriage penalty refers to how the tax law produces higher tax on a couple that is married versus if they were single. Since 2001, married individuals have gained relief from the tax law by several provisions put in place. The most notable are the raising of the standard deduction for couples to twice that for single filers and by setting the

income ranges of the two lower percent tax brackets for couples to twice the corresponding ranges for individuals. Starting next year though, if relief is not given again to married individuals that fall in these two lowest tax brackets, the advantage of filing as a married couple versus single will be diminished. Also, for everyone married, we will see the standard deduction be reduced by over 30 percent.

**4** Another provision that is important to mention is the **return of the phase-out rule for itemized deductions**. Before 2006 the phase-out rule made taxpayers reduce their itemized deductions as their income exceeded specified levels, about \$155,000 back then. Taxpayers would lose 3 to 80 percent of their deductions for mortgage interest, state and local taxes, charitable donations, employee job expenses and other miscellaneous itemized deductions as their income rose over the \$155,000 threshold. The 2001 tax act scheduled a gradual phased elimination of the phase out reduction rule beginning in 2006 with complete elimination in 2010. Taxpayers that have been taking a hundred percent of their itemized deductions for the past two years will return to the phase-out rule if nothing is done in Congress. That means taxpayers with income over about \$175,000 will see at least 3 percent with an upward of 80 percent of their itemized deductions lost again.

**5** Lastly, the **repeal on the phase-out rule for personal exemptions** is scheduled to sunset on December 31, 2012. Similar to the above phase-out, it started to gradually be reduced in 2006 until it was completely eliminated in 2010. The difference is this phase-out rule can eliminate up to 100 percent of an individual's personal exemption deductions. For 2012, personal exemption deductions are \$3,800. For argument's sake, if the exemption amount stays the same, a taxpayer that is a family of four could lose \$15,200 of deductions in 2013. This would apply to married joint-filers with 2013 adjusted gross income above about \$270,000.

You may want to take some steps this year to decrease your exposure to these unfavorable tax changes. Keep in mind that depending on how the November 6th election turns out, it's possible that none of the aforementioned unfavorable tax changes will take effect. However, be prepared to make some tax planning moves after the November election results are known, but before year-end. Consult your tax adviser to discuss planning options and the various tax considerations that apply to your specific situation.

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## GI SYMPOSIUM

The Gastroenterology Group presented their ever popular 16th Annual GI Symposium on October 11th at the Kensington Country Club. The well attended event started with a cocktail reception with exhibitors from 11 companies, followed by dinner and CME presentations from Drs. Phillips, Marks and Randall.



**Above:** Dr. Ahmed Khatib, Dr. Michael Marks, Dr. Susan Liberski, Dr. Raymond Phillips and Dr. Neil Randall



**Above:** Dr. Blane Crandall with Dr. Susan Liberski and Dr. Michael Carron



**Left:** Dr. James Worden with exhibitor Jennifer Hilton

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3838 Domestic Avenue  
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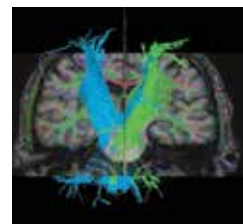
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