

FLORIDA ASSOCIATION OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

Tuesday, August 18, 2010, 11 a.m. – 2 p.m.
Orlando World Center Marriott Tampa Room

Thank you to Palm Beach Spine and Pain Institute for sponsoring our luncheon.

ANNUAL MEMBERSHIP AND BOARD OF DIRECTORS MEETING MINUTES

Presiding: Dr. Michael MacDonald, President

Present (alphabetized): 45 individuals attended the meeting.

Samuel Beg, Bruce Bohnker, Maxine Boyer, Raymond Brown, Bill Butler, Madelyn Butler, Karen Carlson, Rene Casanova, Eileen Cooper, Homi Cooper, Lorry Davis, Barry Eisenberg, Seth Feldman, John Ferreira, Robert Fleigelman, Phyllis Gerber, Esaias Giorgis, Richard Girling, Lawrence Gorfine, Monica Grinberg, Harold Haase, Stanley Haimes, Kathleen Jenkins, Richard Johnson, Hossein Joukar, Peter Lamelas, Felix Linetsky, Michael MacDonald, Stephen MacDonald, Diana McCluskey, James McCluskey, Joseph Mignogna, Verba Moore, Gary Newcomer, Kenneth Phillips, Neil Potash, Jill Rosenthal, Jock Sneddon, Julio Sotolongo, Richard Spierer, Thomas Truncale, Ted Vana, Krishna Vara, Joan Watkins, Michael Webb

1. Presentation by Dr. Lawrence Gorfine, President and Owner of Palm Beach Spine and Diagnostic Institute:
 - a. Dr. Gorfine, an Anaesthesiologist Interventional Pain Medicine Physician, presented a dynamic lecture on the Rapid and Cost Effective Resolution of Injuries. Basically there are two approaches to pain management: 1) medication management and 2) interventional pain medicine. The interventionalist performs diagnosis and several different procedures not offered by the medication management physicians. These include: facet injections, sacroiliac injections, peripheral nerve blocks, stellate ganglion blocks and Rhizotomies, as well as several other types. What's important is to identify why the anaesthesiologist is becoming more involved in acute injury management. Anaesthesiologists have a profound knowledge of the anatomy, especially neuroanatomy, understanding of pain pathways and the mechanisms and physiology of injury and pain, knowledge of pharmacology, pharmacodynamis, pharmacokinetics of drugs, the physiologic response to the stress of injury and surgery and a multitude of other factors.
 - b. Early interventional treatments in pain medicine can return injured patients back to work and regular activities more rapidly than past conservative therapies. Early treatment of inflamed injured tissues and articulations quickly resolves the insult, not allowing chronic inflammation with resultant joint and tissue destruction.
 - c. In the area of occupational medicine, we should consider the value of pain management approaches that involve alternatives to medication management. This expanded approach will help to put the worker back on the job faster and help reduce the lengthy period in which the patient is suffering.
2. Self-introductions all around.
3. Minutes of the August, 2009, Orlando meeting – Kathy Jenkins, MD, MPH
 - a. Minutes of the August 2009 Orlando meeting were discussed and approved with no changes.
4. Membership and Treasury Report – Kathy Jenkins, MD, MPH

a. **Membership Report: FAOEM**

As of June 2010, we have 155 members. We are down 2 members from last year.

Fluctuations in our member numbers are due to individuals moving out of Florida, illnesses and individuals moving out of the field of occupational medicine. New members have increased as a result of individuals moving to the state of Florida. The primary reason given by Florida members who did not renew: lack of funds. Members who are late paying their dues are encouraged to renew their membership through the monthly newsletter, personal contacts by ACOEM, phone calls from the FAOEM board members and emails/phone calls from the FAOEM executive director.

ACOEM Membership overall:

At the annual House of Delegates meeting at the AOHC conference, membership chair, Dr. Stephen Fragos, discussed the fact that membership in ACOEM had decreased by 127 members or by about 3% (2.68%) from 2009. Since that time, on an ACOEM Conference call it was stated that membership overall in ACOEM had dropped by about 200 people. Dr. Fragos suggested that the number one reason for a Physician to not renew their membership is either retirement from the profession or they are no longer choosing to practice OEM. The second most common reasons are economical to include employers decreasing reimbursement to employed physicians for conference attendance, and/or possible hardship for physicians to participate in continuing medical education activities due to time constraints from work. Dr. Fragos also pointed out that ACOEM was able to retain 4,055 members or 85.7% of the total membership from 2009 and was able to acquire 550 new members. The majority of members who are failing to renew their ACOEM membership are < 40 years of age and have been members < 5 years.

b. **Financial Report:**

We are in good financial shape. Currently in the Account: \$22,549

After estimated remaining expenses are deducted: \$17,949 (This will be our estimated remaining funds as of December 2010. Last year in December we had \$17,305 remaining).

This year we had a few more expenses due to the website development and hosting.

Estimated Remaining Expenses:

1. Executive Director: \$3,000 (\$750 per month through December 2010)
2. Fall FAOEM meeting (2): Estimated \$0 (delegates should be able to participate via teleconference)
3. Executive Director Travel/lodging/meals for FWCI: \$450
4. Travel for FAOEM president to FWCI meeting: \$550
5. Office Supplies/Copying/Misc: \$600 (for the breakout session and the annual meeting in August 2010)

Total estimated remaining expenses: \$4,600

5. **FMA Report – Michael Webb MD**

- a. On behalf of FAOEM, Dr. Webb recently attended the FMA meeting. As always, Dr. Webb encouraged FAOEM members to renew their memberships to the FMA or to consider joining if they currently are not members. The FMA acts as an advocate on behalf of the physicians and has been vital in helping to resolve difficult problems in the past.
- b. Dr. Webb provided a copy of Resolution 1-201, titled the Formal Withdrawal of the Florida Medical Association from the American Medical Association. Of importance in this resolution, is the plan that the President of the FMA will send a formal letter of withdrawal of the delegation stating that it was the consensus and will of the House of Delegates of the

FMA to withdraw its participation in the AMA on the basis of their performance on the issue of health care reform.

- c. Dr. Webb also provided a handout on major board actions and council activities. Within the handout, he highlighted a few different issues that might be of interest to members. These issues include:
 - i. Passing of legislation exempting medical malpractice premiums from Hurricane Catastrophe Fund assessments for another three years.
 - ii. Defeating legislation that would have allowed optometrists, ARNPs and physical therapists to significantly expand their scope of practice.
 - iii. Defeating legislation that would have ended the use of binding arbitration agreements by physicians.
 - iv. Defeating legislation that would have ensured higher malpractice insurance premiums by repealing the wrongful death exemption.
 - v. Joining the Florida Orthopedic Society in a letter urging Governor Crist to veto HB 5603. Regarding HB 5603, Dr. Webb pointed out that there were stakeholders in workers' compensation who supported the bill - most notably Chief Financial Officer Alex Sink, head of the Division of Workers' Compensation, who embraced the proposed legislation. The legislation would have curtailed physician charge levels for dispensed medications to worker compensation patients, significantly reducing revenue for this service. CFO Sink held that the legislation would significantly lower costs for State of Florida Employers. To read about this perspective, please go to: <http://www.myfloridacfo.com/sitePages/newsroom/pressRelease.aspx?ID=3575>
6. Madelyn Butler, MD, FMA President: Dr. Butler presented about the benefits of being a member of the Florida Medical Association, the importance of making contributions to the FMA Political Action Committee, and about the importance of Doctors being involved in organized medicine.
7. Election of one officer to fill open Director Position:
 - a. One of the existing FAOEM Officers has had an increase in work load and family responsibilities in the past year or two. For that reason, he stepped down from his officer position. Three members ran for the open officer position of Director: Dr. Richard Johnson, Dr. Robert Fleigelman and Dr. Rene Casanova. Dr. Johnson received the majority of the votes, so he will fill the open position. Please be sure to welcome Dr. Johnson to the Board.
8. Barry Eisenberg, MA, ACOEM Executive Director
 - a. Mr. Eisenberg presented on ACOEM: Perspective, Reality and Future. In his presentation he discussed the strengths and challenges facing ACOEM and as executive director, how he sees the future for this group.
 - b. Like other groups, ACOEM has seen a bit of a financial downturn, which is mostly attributed to the overall economic downturn. Over the past 10 years, the operating net incomes have fluctuated. Part of this was due to a decision by ACOEM to invest \$800k over a 3 year period (2007-2009) into the practice guidelines. This was an unbudgeted expense, but an important investment on ACOEM's part. The funds were taken from the reserves. It should be noted that ACOEM does not take funds from the reserves to pay for operating expenses. By the end of 2010, it is expected that ACOEM will have \$4 million in reserves. This is 10 months of operating expenses (most organizations of ACOEM's size run on 2-3 months of reserves) and more than twice the level of reserves that ACOEM had in 2001. So, overall ACOEM is in a strong financial situation.

- c. With regard to membership, this has been a down year for ACOEM and for organized medicine overall. ACOEM loses about 100-125 members annually. A critical reason for this is that OM Board certification is decreasing. Last year there were only 55 OM Board Certifications. More importantly, there are approximately 300 OM Board Certified Members leaving the profession each year (retirement).
- d. ACOEM has hired a professional PR person to get ACOEM's message more visibility using press releases. Not only does ACOEM hope for more media coverage, more importantly the goal is to have the coverage targeted on issues relevant to ACOEM. This is good for raising awareness of ACOEM. ACOEM averages about 1200 media mentions per year and so far this year has issued 25 press releases on a variety of topics.
- e. Healthcare reform may enhance the prospects for practicing physicians; it will not enhance prospects for organized medicine. This means that organizations like ACOEM will continue to look for new and creative ways to provide value to members.
- f. The 10 year outlook ACOEM is potentially very good, if we:
 - i. Focus and be good stewards of the Association's resources;
 - ii. Are willing to take some risks
 - iii. Embrace the changing nature of ACOEM and the delivery of Occupational Health Services
 - iv. Evolve their educational programming and member service
 - v. Get all of the ACOEM pieces on the same page
- g. Be sure to make plans to attend AOHC 2011 in Washington, DC. This is going to be a fantastic program, and it includes the time for you to conduct visits on the hill. The program starts on a Saturday, and will run from March 26-29, 2011.

9. Diana McCluskey, MPH

- a. Certificates of Appreciation: Certificates of Appreciation were handed out to the 5 individuals who worked diligently to plan the first OM Breakout session offered at the Workers' Compensation conference. These individuals included: 1) Richard Spirer, 2) Seth Feldman, 3) Michael Webb, 4) Maxine Boyer, and 5) Margaret Spence. The time and effort of these individuals was invaluable and much appreciated.
- b. Future for the FAOEM Executive Director: A few individuals have questioned if Ms. McCluskey will continue working for the FAOEM after she graduates from law school next year. Ms. McCluskey was pleased to announce that she's not going anywhere. She loves this group and this job and will stay with FAOEM until they want someone new!

10. Phyllis Gerber, MD:

- a. Suggestion that we go to 1 year officer slots: All the other chapters operate on a 1 year service time. Our current plan of 2 years means that it will take several years for an individual to rise from a director position to the position as president. We moved to this system in the past because there was no executive director to maintain continuity. Now with an executive director and plenty of interest in the officer positions, it seems that we should return to a 1 year service time.
 - i. Ms. McCluskey will investigate exactly how much of a vote is required in order to change the by-laws. This information will be presented via email and snail mail if that is required.

- b. Dr. Gerber had a new banner printed up for the AOHC Washington, DC conference and asked that our officers sign the banner. The banner will be forwarded to ACOEM so that it can be sent around to the other components for presidents.
11. Any other items of business: there were no other items of business to discuss.
- a. Ms. McCluskey will be surveying the members to determine if the meeting time/day should remain as it has been for the past several years or change. Please look for her questionnaire and respond so that we can make a decision for next year's plans.
12. Board of Directors Meeting: All necessary topics and discussions were covered during the full membership meeting, so the Board of Directors Adjourned with the group.

The meeting adjourned at 2:00 p.m.

Respectfully submitted,

Diana McCluskey, MPH
FAOEM Executive Director