

FALL 2010 NEWSLETTER

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On the Horizon

October 2010

Flu Shot Season

Our supply of flu vaccine is sufficient for all members of our practice. All persons over the age of six years are advised by the Center for Disease Control (CDC) to have an annual flu shot. This year the vaccine contains the traditional seasonal flu vaccine in combination with the H1N1 Swine Flu Vaccine. The CDC has made it clear that even if you have had the H1N1 shot last season, or actually were ill with H1N1 infection, you should receive the flu shot this year. Normally, we don't experience any influenza in Florida until mid November. It takes two weeks to develop immunity. The shot will be available as of September 1, 2010 but we advise taking it beginning October 15th. Call the office to set up your appointment.



You may see stores and mall medical kiosks advertising a special senior citizen high potency flu vaccination. The vaccination industry recognized that a small portion of senior citizens receive an annual flu shot and never develop an immune response to it. They developed what was believed to be a "super potent" shot for those individuals. It does not work. The CDC has recommended not taking the super potent flu vaccine. However, many retailers are promoting it so "buyer beware"!

Staff Privileges at Delray Medical Center

Over the years a number of my long time patients have moved to Delray Beach, West Boynton Beach and Highland Beach. When they become ill and call Fire Rescue or 911 they are often taken to the nearest medical emergency room which may be Delray Medical Center.



I have recently re-joined the medical staff at Delray Medical Center to accommodate the requests of my patients. I believe it is a fine facility, with an excellent medical and nursing staff. Boca Raton Community Hospital (now called Boca Raton Regional Medical Center) will remain my primary facility. I additionally have privileges at West Boca Medical Center.

Controversy on Calcium Supplementation and Vitamin D

A patient brought me an article she read on WebMD and published in BMJ, an orthopedic journal, which indicated that patients taking calcium supplements are 30% more likely to have a heart attack than patients not taking a calcium supplement. The data is now being reviewed by the cardiology and internal medicine community. If any of you have concerns about this issue please set up an appointment to discuss it with me. I am still a firm believer in eating a healthy and balanced diet and allowing your body to choose its nutrients. Supplementation is appropriate when we can show it prevents disease - cures or lessens disease without doing long- term damage.

A similar controversy exists with Vitamin D supplements. A large study in Australia looked at Vitamin D Levels as they relate to falls and fractures. No one can explain why the large group given Vitamin D had more falls and fractures. Low Vitamin D levels have been noted in multiple diseases including those of bone, cardiac, immunologic and a behavioral nature. In most areas no one has demonstrated whether the low level is the cause of the disease or the result of the disease. No one has shown that supplementing the patient with Vitamin D improves the patient's condition or prevents it. No one really agrees on the amount of daily consumption of Vitamin D. Despite this, it is now the most requested blood test in the Medicare system. You get Vitamin D by getting sun exposure for about 10-15 minutes a day. If you have concerns about your Vitamin D level, and what you should do about it, please call the office and set up an appointment.



Refilling Prescription Medications



On a daily basis we receive phone calls from patients upset about the number of pills they were prescribed and received at the pharmacy. Most of our patients either have private insurance or a Medicare Part D Prescription plan. The insurer pays another company to review your pharmaceutical purchases to keep the costs down.

I prefer to prescribe a three month supply of most chronic medications with at least enough refills to get you through a year. Many of the insurance company drug oversight companies only approve a one month supply at a time. We order 90 pills and they dole out 30 pills. We have no control over this. When you are running low on your prescription medicines please call your pharmacy to see if you have refills on record. If you do not have any refills left please call us or email us.

I am licensed to practice medicine in the State of Florida. I can practice and prescribe freely in this state. My license to prescribe controlled substances is a Federal license but is designed to be used in the state I am licensed in. If you are leaving the area please make sure you have sufficient quantities of medicine with you. If you travel extensively it may pay to obtain your prescriptions medications at a national chain pharmacy that has stores in other states so that I can phone in a refill in Florida but you can pick it up at their store in another state. Technically I am **not** permitted to phone in a prescription to a pharmacy in another state. Most pharmacists will honor a phone call from a physician in another state for a non controlled non narcotic product. That doesn't mean it is legal.

I am not permitted by law to fax a prescription to a pharmacy or anywhere else. Patients have asked me to fax or mail a prescription to pharmacies in foreign countries including Mexico, Costa Rico, Canada, and Israel. I am not permitted to do so. I can give the patient a written prescription and they can do with it what they choose to.

There is a federal financial incentive for physicians to prescribe medications electronically via our computer system. We have been doing this for our patients for two years now. It is our preferred method of prescribing and refilling medications. Please ask the staff about e-prescribing.

Membership- If you like our care and service please refer a friend.

Practicing medicine in South Florida always involves a constant turnover of patients. Patients move frequently and unfortunately elderly long time patients pass on. We need to replenish our patient membership constantly. If you like the way the staff and I care for you, please refer in a friend. There is a discount on membership for patients who send in a friend who joins the practice.

Executive Health Plans

The practice is set up to deliver corporate health care, including executive physicals. Many of you own thriving businesses. We would like to work with you to keep you, your senior management team and your employees healthy. If you are interested in discussing a plan please let us know.



Do you have an idea for the practice?



We have a wonderful and diverse group of patients in this practice. If there is some service or idea you have for improving upon the practice please share it with me or my staff.

To set an appointment, please contact my practice at:

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Be sure to visit my web site at www.BocaConcierge Doc.com



The staff joins me in looking forward to seeing each of you in the near future.

Steven E. Reznick, M.D., FACP, PA (Boca Concierge Doctor) is a concierge medical practice that provides gracious service in a comfortable and private office setting while administering 21st century care and technology with old fashioned attention and concern.

Check out my blog at: <http://bocaratonconciergedoctor.wordpress.com/>

Will You Be Able to Find a Consulting Doctor Who Accepts Medicare?

Thirteen years ago the U.S. Congress passed a law on physician payment called the Sustained Growth Rate. It set a target figure for annual total payment to physicians for their services. If the physicians exceeded that figure then Congress automatically reduced the next year's payment by the percentage that they exceeded the target figure the previous year. In each of the previous twelve years as technology improved the cost of physician services exceeded the targeted amount and Congress reversed the reduction in pay to doctors at the last minute and granted physicians a cost of living increase. In 2009 this did not occur.



Congress had opportunities in October and December of 2009 to make changes and they did not address it. Congress had opportunities during the health care reform debate to address it and did not. At this moment I am facing a 23% reduction in pay from Medicare on Dec 1, 2010. On January 1, 2011 they will reduce my pay by another 7%. My colleagues in the medical and surgical specialties have said they will just not see Medicare patients. We may be in a position where many of the fine physicians we refer to for surgical procedures and medical procedures will drop out of the Medicare system and refuse to see you unless you pay cash up front! Please contact your congressmen and senators before the November elections and get them to restore the planned pay cuts and reform the SGR payment plan.