LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Editor: John W. Snead, M.D.

Volume 38 Issue 4

April 2014

2014 Meetings & Events

APRIL
LCMS Alliance
Doctor's Day Celebration
Friday, April 18, 2014
FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

MAY GENERAL MEMBERSHIP MEETING
Thursday, May 15, 2014
Location - TBA

RSVP to: Lee County Medical Society
13770 Plantation Road, Ste 1
Fort Myers, FL 33912
Tel: 936-1645 • Fax: 936-0533
Email: Valerie@lcmsfl.org

Inserts:
David Lawrence Center
Behavioral Health Services in Lee County
Doctor's Day Celebration
McCourt Scholarship

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LEE COUNTY MEDICAL SOCIETY BULLETIN

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PRINTERS
The Print Shop

Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meeting minutes are available for all members to review.

Membership News

New Applicants

Andrew M. Gross, MD – Dr. Gross received his MD degree from Temple University, Philadelphia, PA in 2003. He completed an internship at Crozer-Chester Medical Center, Upland, PA from 2003-2004, a residency in Anesthesiology at The Johns Hopkins Hospital, Baltimore, MD from 2004-2007 and a Pain Management fellowship at Emory University School of Medicine, Atlanta, GA from 2007-2008. He is board certified by the American Board of Anesthesiology in Anesthesiology and Pain Management. Dr. Gross is in group practice at Orthopedic Center of Florida, 12670 Creekside Lane, Ste 202, Fort Myers, FL 33919 Tel: 239-482-2663.

Jonathan E. Sonne, MD – Dr. Sonne received his MD degree from New York Medical College, Valhalla, NY in 1998. He completed an internship at St. Vincent Hospital of Manhattan, NY from 1998-1999, a residency at New York Eye and Ear Infirmary, New York, NY from 1999-2003 and a fellowship in Facial Plastic and Reconstructive Surgery from 2003-2004. Dr. Sonne is board certified by the American Board of Otolaryngology. He is in group practice at The Woodruff Institute, 2235 Venetian Court, Ste 1, Naples, FL 34109 Tel: 239-596-9337.

Rebecca W. Lambert, MD – Dr. Lambert received her MD degree from Columbia University College of Physicians and Surgeons, New York, NY in 1998. She completed an internship at St. Vincent Hospital, New York, NY from 1998-1999, a residency at Cornell-New York Presbyterian Hospital, New York, NY from 1999-2002 and a Dermatology, Mohs Micrographic Surgery, fellowship at the University of Pennsylvania, Philadelphia, PA from 2002-2003. Dr. Lambert is board certified by the American Board of Dermatology. She is in group practice at The Woodruff Institute, 2235 Venetian Court, Ste 1, Naples, FL 34109 Tel: 239-596-9337.

Kathryn J. Russell, MD – Dr. Russell received her MD degree from the University of Florida College of Medicine, Gainesville, FL in 2009. She completed an internship at the University of California, San Diego, CA from 2009-2010, a residency at New York Medical College, New York, NY from 2010-2013 and will complete a Mohs Micrographic Surgery fellowship at Skin Institute of South Florida in June. Dr. Russell will join The Woodruff Institute, 2235 Venetian Court, Ste 1, Naples, FL 34109 Tel: 239-596-9337 in July.

Relocated

Joseph Hobson, DO
LPG Family Medicine
8960 Colonial Center Drive, Ste 300
Fort Myers, FL 33905
Tel: 239-343-9470 Fax: 239-343-9498

Harold H. Tsai, MD
Fort Myers Urology
13770 Plantation Road, Ste 3
Fort Myers, FL 33912
Tel: 239-985-1900

Christopher A. Dawson, MD
Trinity Spine and Joint Care
8851 Boardroom Circle
Fort Myers, FL 33919
Tel: 239-689-8909 Fax: 239-433-8971

Lynne C. Einbinder, MD
LPG Cardiology
14051 Metropolis Avenue
Fort Myers, FL 33912
Tel: 239-343-9270 Fax: 239-343-9277

Martin Barrios, MD

Relocated

Michael Raymond, MD
Florida Cancer Specialists
811 Del Prado Boulevard S
Cape Coral, FL 33990
Tel: 239-772-3544

Patrick M. McGookey, MD, PA
126 Del Prado Boulevard N, Unit 106
Cape Coral, FL 33909
Tel: 239-772-5066

Retired

Judith Hartner, MD

New Practice

Marlene S. Moulton, MD
The Listening Doctor
14090 Metropolis Avenue, Ste 102
Fort Myers, FL 33912
Tel: 239-985-2600 Fax: 239-985-0103

About the Cover: by Stanley Schwartz, M.D.

Fireweed growing on the rocky shores of Kamas Lake in the High Uinta's, Utah. As the snow melts in late spring, the wildflowers (and trout fishing for native cutthroats) can be spectacular.

President's Message:

by Peggy Mouracade, MD

An Apple a Day…….Not a Bad Start

During a recent week off, I took advantage of the time to catch up on some journal reading. Those of you who have not totally embraced the digital age, can understand that a threshold height exists of the tower created by the stacking of ripped-out or marked journal articles and other "notably interesting" articles that either will be read or thrown out---mine had well exceeded the limit. While packing for the trip, I grabbed a couple of inches and threw it in my carry on. One of the articles was from the December issue of Annals of Internal Medicine. The article was about the use of vitamin and mineral supplements in preventing cardiovascular disease and cancer. The authors were very quick to point out that limited trials were available for review and that future studies should be designed to delineate certain characteristic within the study population as well as to compare comparable formulations and also longer study periods of at least a decade. The studies should be powered to detect benefits and harm within the subgroups of the study population. Their conclusion was that there was "no evidence of an effect of nutritional doses of vitamins or minerals on CVD, cancer or mortality in healthy individuals without known nutritional deficiencies for the supplements that were examined."

What struck me after reading this article is the simplicity of the concept that a multivitamin alone will prevent cardiovascular disease, cancer or mortality. We, as a society, often look for the "miracle pill"—just turn on your TV. Soon you will be bombarded by the ads and the doctor-based medical shows all about the "miracle pill". We all have patients who come in wanting to know about the latest, greatest concoction that will relieve their ails or will prolong their lives indefinitely. We, also, are guilty in that often we prescribe medication that will "fix" the problem but may fall short of providing the counselling or taking the time to help devise a "life strategy" to palliate or prevent further occurrence. I had attributed this to a combination of our current reimbursement structure as well as lack of emphasis and education while in medical school and training.

This summer the family practice residency program will start. Out of curiosity I asked for and was provided with the curriculum guidelines for nutrition recommended by the AAFP. It is very detailed and comprehensive. Perhaps the upcoming generation of primary care providers will be better equipped to foster and motivate their patients towards a healthier lifestyle. For those who have completed their training, there are formal programs that offer fellowships to provide a structured approach focused on aspects of preventive care. Integrated Medicine and/or Functional Medicine are recognized programs that also focus on what has been considered as "alternative medicine". These programs try to offer the healthcare provider a way to possibly blend "conventional with the alternative." I formally enrolled in one of these programs as my own curiosity peaked, given that through the years many of my own patients have come to me with their questions, concerns and research regarding "natural therapies". There are several of our colleagues who have completed or also are enrolled in these programs. Advanced certifications in specialties such as Hypertension and Lipid Management are also available.

Be aware that many insurance programs offer wellness benefits for their enrollees. What I have discovered is that this is often untapped—perhaps we can motivate our patients, as well as become more informed of what is available. The concept of prevention needs to be embraced by medicine in general as it is quite apparent that healthcare costs are climbing and our resources are becoming limited. An apple a day may not keep the doctor away, but it's not a bad start.

National Doctors' Day
March 30th 2014

Every Day
In the life of a physician is worthy of recognition.
When saving lives is part of your job description, yours is the most special job in the world!
Thank you for Keeping our Lee County community healthy and making a difference every day!

MED STATS

AMPAC Candidate Workshop Receives Outstanding Reviews

Attributed to: AMA

As noted in the last Advocacy Update, AMPAC conducted the annual Candidate Workshop in Arlington, Va., in Feb. 14–16. Thirty-eight attendees participated from 20 states. The final report for the Workshop was received last week. Once again, the Workshop was extremely well received by the participants; in fact, the Workshop was given a perfect overall score (4 on a 4-point scale) by attendees. This is the second time in three years that the Workshop received a perfect score.

The AMPAC Candidate Workshop is the annual AMPAC Political Education Program for AMA members, spouses and Federation staffs who are seeking to learn more about becoming and being a competitive candidate for public office. In 2012, 13 graduates of the program won election to public office: seven to the U.S. Congress and six to state and local offices. Dates for the 2015 AMPAC Candidate Workshop will be released as soon as they are available.

One or two physician slots remain for the AMPAC Campaign School, the political training "boot camp" for AMA member physicians, spouses, students and state medical society staff. Please see the application at www.ampaconline.org/apply and the current agenda for more information. Please also contact Jim Wilson, Manager of Political Education Programs, at Jim.Wilson@ama-assn.org.

CMS Suspends RAC Audits

Attributed to: AMA

CMS announced on Feb. 18 that the Recovery Auditors (RACs) will suspend operations. Feb. 21 was the last day that a RAC could send a post-payment Additional Documentation Request (ADR), and June 1 is the last day that a RAC may send improper payment files to MACs for adjustment. This pause comes as CMS procures new RAC contracts and transitions down the current contracts. As part of that process, the AMA has advocated for changes to the RAC contract guidelines to protect physicians against erroneous determinations and burdensome audits. The AMA and state and specialty medical societies also recently sent a letter expressing concern about the Medicare appeals backlog following the expansion of RAC and other Medicare audits. The AMA will continue to strongly advocate eliminating the burdens of the RAC program.

News on Telemedicine from – Florida Board of Medicine

Due to the broadening scope of the practice of telemedicine, members of the Board of Medicine and the Board of Osteopathic Medicine have been discussing changes to the telemedicine rule in the past several meetings of the Joint Telemedicine Subcommittee. During the meeting on November 14, 2013, the Subcommittee finalized the proposed rule language which was ratified at the Board of Medicine meeting on December 6th, 2013. The approved draft language was filed for adoption on February 20th, 2014 and became effective on March 12th, 2014.

Below is the full text of Rule 64B8-9.0141, F.A.C.:

64B8-9.0141 Standards for Telemedicine Practice.

(1) "Telemedicine" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

(2) The standard of care, as defined in s. 456.50(1)(e), F.S., shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by telemedicine.

(3) Florida licensed physicians and physician assistants providing health care services by telemedicine are responsible for the quality of the equipment and technology employed and are responsible for their safe use. Telemedicine equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

(4) Controlled substances shall not be prescribed through the use of telemedicine.

(5) The practice of medicine by telemedicine does not alter any obligation of the physician or the physician assistant regarding patient confidentiality or recordkeeping.

(6) A physician-patient relationship may be established through telemedicine.

(7) (a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.

(b) This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers. Emergency medical services are those activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and pre-hospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in this state.

(c) The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

Rulemaking Authority: 458.331(1)(v), FS.

http://tinyurl.com/mhd54r4

Law Implemented: 458.331(1)(v), FS.

http://tinyurl.com/k8h9ofv

Adult Vaccine Eligibility Expands Through Lee Public Hsealth

By: Florida Department of Health Lee County

Lee County, FL—Limited quantities of select federally supplied adult vaccines, primarily for both the uninsured and underinsured, are available free to clients at the main office of the Florida Department of Health in Lee County, 3920 Michigan Avenue, Fort Myers.

The following vaccines are available under this program:

1. Human Papillomavirus (HPV) vaccine - Available for uninsured and underinsured clients 19-26 years old
2. Tetanus-diphtheria-acellular pertussis (Tdap) Vaccine - Available for uninsured and underinsured clients 19-26 years old and the homeless
3. Pneumococcal Polysaccharide Vaccine (PPSV) - Available for uninsured and underinsured high-risk clients 19 years old and older

Underinsured clients include adults with the following insurance limitations:

Commercial (private) health insurance that excludes vaccines
Coverage of only select vaccines
Coverage with vaccine caps at a certain dollar amount. Once that coverage amount is reached these adults are categorized as underinsured.
Medicaid clients 21 years of age and older. Vaccines are excluded through the Medicaid Physician Services Program.

DOH-Lee requests physicians to please notify the underinsured and uninsured clients of the practice, especially those between the ages of 19 and 26, about this benefit.

"This is an excellent opportunity to increase immunization coverage for these vaccines and thus reduce costly illnesses and hospitalizations," said Kim White, Immunizations manager at DOH-Lee. Immunization coverage for recommended adult vaccines remains very low in Lee County.

For more information contact Pat Freve, RN, at (239) 332-9505 or Kim White, RN, at (239) 332-9577 for additional information about this special program and other recommendations regarding adult vaccines.

Don't Be Defective in Dealing with Device Alerts and Recalls

By Victoria H. Rollins, MHA, RN, Director, Patient Safety Programs, The Doctors Company

Device manufacturers often contact physicians with issues regarding implantable devices. Contact can range from an alert of issues with the device to a U.S. Food and Drug Administration (FDA) recall.

Implantable devices may be recalled for a variety of reasons: product efficacy, defects, sterility issues, risk to public health, or a violation of FDA regulations. Most recalls are carried out voluntarily by the manufacturer; however, the FDA can request a recall if the manufacturer does not take action on its own.

The FDA classifies recalls into three categories:

- Class I recalls are the most serious. They involve a health hazard with a reasonable probability that the use of the product will cause serious adverse health consequences or death.
- Class II recalls presents a remote possibility of adverse health consequences from the use of the product.
- Class III recalls involves a situation where the use of the product is not likely to cause adverse health issues.

The FDA has mandated that manufacturers must include a unique device identifier (UDI) on all devices, starting with implantable devices. Implementation of the UDI system is expected to begin in 2014. UDIs can be captured in the electronic health record and used for device-tracking over time.

Physicians can be at risk for a malpractice suit if they do not handle defective device alerts and recalls properly. Take steps prior to and after surgery to decrease this risk and promote patient safety in case of an eventual device issue. Before a device is implanted, involve the patient in an informed consent discussion that encompasses the possible complications and side effects of device implantation. Once the device has been implanted, dictate in the postoperative report the type of implanted device and its serial number or UDI, and copy the post-op report to the office record. Note the UDI number on the patient's card in the office record on the first post-op visit.

Assign a specific individual in your practice the responsibility of receiving, assessing, and acting on device recall information. Subscribe to the FDA recall web service and have the staff member review the website (www.fda.gov/safety/recalls) at specific intervals.

If you receive a recall notification, follow these tips to decrease risks and promote patient safety:

- For Class I recalls, work with the surgical facility where the device was implanted to verify which patients have the device. Notify the patients immediately, and determine the appropriate course of action.
- For Class II or III recalls, it is appropriate to inform patients of their options. Contact your patient safety risk manager to see if he or she can provide a sample letter to send to patients.
- Document the date the notice was received, the source of the notice, the device or product name and model number, the names of patients in the practice who were notified, and actions taken. Monitor patient compliance with and response to the notification.
- Follow the established process for properly handling explanted devices.

Victoria Rollins has a master's degree in healthcare administration. She is a registered nurse and has earned the Certified Professional in Healthcare Risk Management and the Certified Professional in Patient Safety designations. She has served as faculty for the California Society for Healthcare Risk Management.

Contributed by: The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

Beyond Dues

By Brandon Lambiris, MS3

During my third year of medical school I have had the privilege of serving as a Florida State University College of Medicine student representative to the Volusia County Medical Society (VCMS). One of the unique opportunities provided to me as a medical student was the opportunity to participate in a Community Medicine course. For those not familiar with the FSU College of Medicine educational program, the Community Medicine course challenges students to step away from their white coats and be planted within a community agency for three weeks. The students are tasked with learning about and operating within local agencies with the goal of assessing how each organization can be utilized and supported by those in the medical profession. I was assigned to work within the VCMS alongside my co-representative Tiana Monostory.

Unique to our rotation was an invitation to develop and execute a social function to be held the last week of our rotation. Provided with a deadline and a limited budget, we quickly went to work. Our event, "Beers with Peers", was conceived with a simple premise: plan an event that would invoke participation from medical students, residents, young physicians and more seasoned society members alike. In college I had served as a fraternity social chair, so without hesitation Tiana and I agreed to the challenge without hesitation. How different could things be? If the Natural Light and Domino's pizza I had in college had never failed certainly gourmet pizza and craft beer would draw a crowd. Well Toto, we're certainly not in Tallahassee anymore!

My experience delivered unexpected insight into the administrative challenges facing organized medicine. Like most other medical organizations, the current state of the VCMS is one of limited funding and resources. The climate of organized medicine has transformed drastically since its inception, and the organization has now found itself tasked with the same challenges as virtually every other medical society: what benefit do we provide our existing members, how can we best elicit contributions of their time and financial support, and most importantly how do we remain attractive to new members?

While the society continues to strive to make these answers apparent to each and every one of us, I would like to pose a fundamental question to each of you. How has it become that an outlet for physician advocacy, our voice, should now be expected to offer something more to its members than we as members are willing to invest? The impact of the organization, its strength, is completely dependent on its member's personal investment. The VCMS has several hundred "dues payments", though only a minority would be considered "active" members in the society as gauged by event participation, scholarly contributions, or service in leadership positions.

Perhaps at one time the voice of the VCMS was louder, more thunderous, and could shake the very landscape of local policy and medicine. Maybe that made it easier to invest more of ourselves. There is no denying the storied force I learned we once were is no longer staring us back in the mirror, but why can't it be?

As a third year medical student I am more acutely aware of the time and financial constraints many use as justification for inaction. I understand because I've been there too. I have clinic, class and an incredibly daunting amount of information I need to process, digest, and apply. I have laundry to fold, dinner to cook, more studying, and am subject to many of the curve balls life can throw at us.

This complacency perpetuates the fundamental problem. The lack of member participation results in overreliance on "faceless" communication. Members pay their dues and receive the E-blasts and newsletters meant to communicate upcoming events and member benefits. Now they are increasingly becoming the sole line of communication, through which meaningful delivery of the central vision of the organization is impossible.

It is that vision though, as the medical landscape continues to change, that should unite us. I have worked in our clinics and hospitals and I've heard chatter of the good, bad and ugly of healthcare reform. I have become acutely aware of the helplessness felt by our medical community on either side of various healthcare debates. What I have not heard is constructive solution from a unified voice for any cause. I believe it is imperative that physicians remain a force in shaping policy and providing direction to the future of healthcare. In fact, I believe it is our moral obligation. I urge each of you to share your voice, and to join with the collective voices of your peers. I challenge you to invest beyond your membership dues.

Friends In Medicine

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Karen Mosteller, CPA, CHCBC is a Certified Public Accountant and a Certified Health Care Business Consultant. She understands every aspect of a practice and can work as a part of the management team and provide a wide-range of services geared toward the specific needs of a medical practice. In addition to the traditional tax and accounting services, Karen can also assist with the following:

- Analyze profitability and overhead.
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- Perform an operational review to ensure proper internal controls are in place to safeguard against theft.
- Review legal documentation such as employment agreements and buy/sell agreements.
- Provide assistance with planning and negotiating EHR system conversions and/or upgrades
- Provide guidance with succession planning or anticipated sale of practice.
- Act as interim management while you are in transition.
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Information for PA's: Completing the Supervision Data Form

Attributed by: The Florida Board Medicine

Florida law requires Physician Assistants (PA's) to notify the Board in writing within 30 days after employment, or after any subsequent change in the supervising physician. This means when a PA begins employment, ends employment and when there are changes to the supervising physician (adding one or deleting one). PA's can be disciplined for failing to perform this legal obligation.

Notification should be completed by using the *Supervision Data Form*, Form DH-MQA 2004, which is available on the web page at www.FLBoardofMedicine.gov , under the *Resources* tab. Florida law requires specific information be provided when notifying the Board about changes in employment and/or supervising physicians. The required information includes the supervising physician's full name, Florida medical license number, specialty and the supervising physician's address.

A common error that occurs when completing the *Supervision Data Form* is failure to sign the form on page five (5). ***Both*** the PA and the supervising physician must sign the form. In addition, the complete beginning and ending dates of employment must be provided – the month, date and year.

A physician may delegate only those tasks and procedures to the PA that are within the supervising physician's scope of practice, and are tasks and procedures which the supervising physician is qualified by training and experience to perform. The decision to permit a PA to perform a task or procedure, whether under direct or indirect supervision, is based on the patient and the PA's knowledge and skills in performing said tasks and procedures. Rule 64B8-30.012, Florida Administrative Code lists duties that cannot be delegated to a PA unless expressly permitted by statute. The rule also lists duties that are not to be performed under indirect supervision. All tasks and procedures performed by a PA must be documented in the patient's medical record.

In the event of an emergency, the PA can act in accordance with his/her training and knowledge to maintain life support until a physician assumes responsibility for the patient.

Pertinent laws:

-s. 458.347, Florida Statutes – Physician Assistants

Pertinent rules:

-Rule 64B8-30.003, Florida Administrative Code – Physician Assistant Licensure

-Rule 64B8-30.012, Florida Administrative Code – Physician Assistant Performance

HAVE YOU HEARD THE NEWS?

HOW TO GET FREE MEMBERSHIP IN 2015

Current LCMS members who refer/recruit 3 new members in 2014 will be eligible to have their dues waived for the 2015 membership year. Share a membership application with your MD/DO colleagues and be sure they list your name as a reference in the space provided. You should also submit your letter of reference for the applicant to LCMS at valerie@lcmsfl.org or fax to 936-0533. For more info or questions, Call 936-1645.

DOT Physicals or Pilot Exams

Does your practice offers Department of Transportation (DOT) Physicals or Pilot flight exams, please let the Medical Society know by calling 936-1645 or emailing: Valerie@lcmsfl.org

April is Alcohol Awareness Month

How David Lawrence Center Crossroads can Help Your Patients Struggling with Alcoholism, Addiction and Co-occurring Mental Health Problems

By: Nancy Dauphinais, LMHC, Clinical Supervisor, Crossroads Program

One in nine local residents experience some form of substance abuse, with alcohol alone killing 88,000 people per year in the United States. The impact of this crippling disease is far reaching and affects society as a whole. Since 1968, David Lawrence Center has been committed to ensuring the health, well-being and safety of Southwest Florida. In honor of Alcohol Awareness Month - sponsored by the National Council on Alcoholism and Drug Dependence every April – David Lawrence Center is seeking to increase public awareness and understanding, reduce stigma and encourage local communities to focus on alcoholism and alcohol-related issues by educating our partners in the medical community about the life-saving integrative substance abuse services available at the David Lawrence Center.

Physicians can make a real difference in addressing this deadly health issue by screening, confrontation, referral and monitoring. Dana Castro, David Lawrence Center Psychiatrist and Crossroads Addictionologist, states, "Patients rarely spontaneously disclose an alcohol use disorder. History taking may help, but lab studies and physical exam can also uncover alcohol use disorder." When a patient acknowledges a problem, positive support and referrals for services such as AA or treatment is appropriate.

Crossroads at David Lawrence Center has established a comprehensive continuum of substance abuse services from Detox to Aftercare to treat clients in one single system. The 15-bed Crossroads Detox now uses state-of-the-art, individualized withdrawal management protocols which are both comfortable and have a remarkable degree of safety, and also offers early recovery programming. Crossroads Residential has 18-beds and includes traditional residential programming and evidence-based cognitive-behavioral therapy, as well as new innovative, holistic and complementary therapies such as art therapy, equine-facilitated therapy, yoga, pet therapy, individualized wellness and health education as well as structured fitness and recreation.

Because as many as 60% of substance abusers also have a mental health diagnosis, our physicians assess for co-occurring psychiatric disorders and can initiate mental health services in the early stages of treatment. Each client's treatment plan is customized to address the severity of addictive illness, substances being abused, personal circumstances, professional obligations and family needs. Most treatment plans include Residential treatment and Aftercare support, but additional intensive or extended treatment plan options that include various levels of outpatient support for ongoing recovery maintenance are available.

Crossroads provides the highest quality, cutting-edge treatment in a comfortable and welcoming environment at a cost few can match. As a not-for-profit organization, the Center relies on donations, fees and grants to provide our services. To ensure our Crossroads programs are accessible, some beds are partially funded by the State of Florida; other beds are funded through private pay or third-party insurers. For more information about David Lawrence Center Crossroads and how we can help your patients, contact a Crossroads Admission Specialist at 239-354-1428.

List of Lee County Services Insert included in Bulletin.

CMS – NO DELAY ON ICD-10

Is Your Vendor ICD-10 Ready? Ask Them These 11 Questions.

Attributed by: athenahealth

In order to assess whether your vendor is going to do what is necessary to prepare you for the transition to ICD-10, *CMIO Industry News* suggests that you ask these six questions:

1. What is covered by vendor contracts?
2. What are vendor plans and timelines?
3. How will systems work with both ICD-9 and ICD-10 codes?
4. What does the implementation process include?
5. Is there a cost associated with training and support?
6. Will you need additional infrastructure and software?

Additional questions you should ask are:

7. Which of your vendors are impacted by ICD-10?
8. How will existing interfaces with other vendors be upgraded?
9. Are there any upgrade costs or fees associated with ICD-10 compliance?
10. Will you be able to run test claims using ICD-10 prior to the October 1, 2014, cutover?
11. Can you migrate to ICD-10 prior to the October 1, 2014, compliance date?

Converting to a Limited License

Attributed by: The Florida Board Medicine

If you are a physician considering retirement, but are not ready to give up the practice of medicine, you may be questioning your options. Placing your license in retirement status prohibits you from practicing medicine in any form, but there is another option. Physicians have the opportunity to convert their full medical license to a limited license, in order to practice on a volunteer basis. Physicians with limited licenses who are working without compensation are not required to pay renewal fees. Limited licenses, however, are restricted to areas of critical need. A list of approved Area of Critical Need facilities can be found on our **website**.

To convert a full medical license to a limited license for the purpose of volunteering, physicians must do the following:

- Submit a written statement declaring their intention to convert their license.
- Submit a letter from the employing agency or facility stating no compensation will be received for their services. If the physician will not be immediately employed, he or she will need to state this in their written request to convert their license.

The cost for converting a full medical license to a limited license for the purpose of volunteering will be waived, unless the license is delinquent, in which case the physician must pay a fee of $25. More information about limited licenses can be found in **s. 458.317, F.S.**

Changes to Continuing Education for Biennial Renewal

All physicians licensed by the Florida Board of Medicine are required to complete Continuing Medical Education (CME) training biannually for the renewal of their license. This consists of 40 hours of CME courses and a prevention of medical errors course, which includes information on the five most misdiagnosed medical conditions from the most recent biennium.

Effective March 12, 2014, an amendment to Rule No 64B8-13.005, F.A.C. "Continuing Education for Biennial Renewal" will include an update to the five most misdiagnosed medical conditions, which are:

-Cancer related issues
-Neurological related issues
-Cardiac related issues
-Timely responding to complications during surgery and postoperatively
-Urological related issues

Please see the approved draft language of Rule 64B8-13.005, F.A.C. "Continuing Education for Biennial Renewal" for additional information.

64B8-13.005 Continuing Education for Biennial Renewal.

(1) Every physician licensed pursuant to Chapter 458, F.S., shall be required to complete 40 hours of continuing medical education courses approved by the Board in the 24 months preceding each biennial renewal period as established by the Department.

- - (b) No change.
- Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement. The course must include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. While wrong site/wrong procedure surgery continues to be the most common basis for quality of care violations, the following areas have been determined as the five most mis-diagnosed conditions: cancer related issues; neurological related issues ~~conditions~~; cardiac related issues ~~acute abdomen related conditions~~; timely responding to ~~diagnosis of surgical~~ complications during surgery and post-operatively; urological related issues ~~diagnosis of pregnancy related conditions~~.

(2) through (10) No change.

Rulemaking Authority 456.013(6), (7), 456.031(4), 456.033, 458.309, 458.319 FS. Law Implemented 456.013(6), (7), 456.031(1)(a), (3), 456.033, 458.319(4) FS. History–New 9-7-86, Amended 11-17-87, 11-15-88, 1-31-90, 9-15-92, Formerly 21M-28.002, Amended 12-5-93, Formerly 61F6-28.002, Amended 3-1-95, 1-3-96, 1-26-97, Formerly 59R-13.005, Amended 5-18-99, 2-7-01, 6-4-02, 10-8-03, 5-4-04, 5-20-04, 4-5-05, 4-25-06, 12-26-06, 1-16-08, 5-6-08, 11-25-08, 7-6-09, 2-23-10, 4-3-12,_____.

Lee County Medical Society

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CHANGE SERVICE REQUESTED