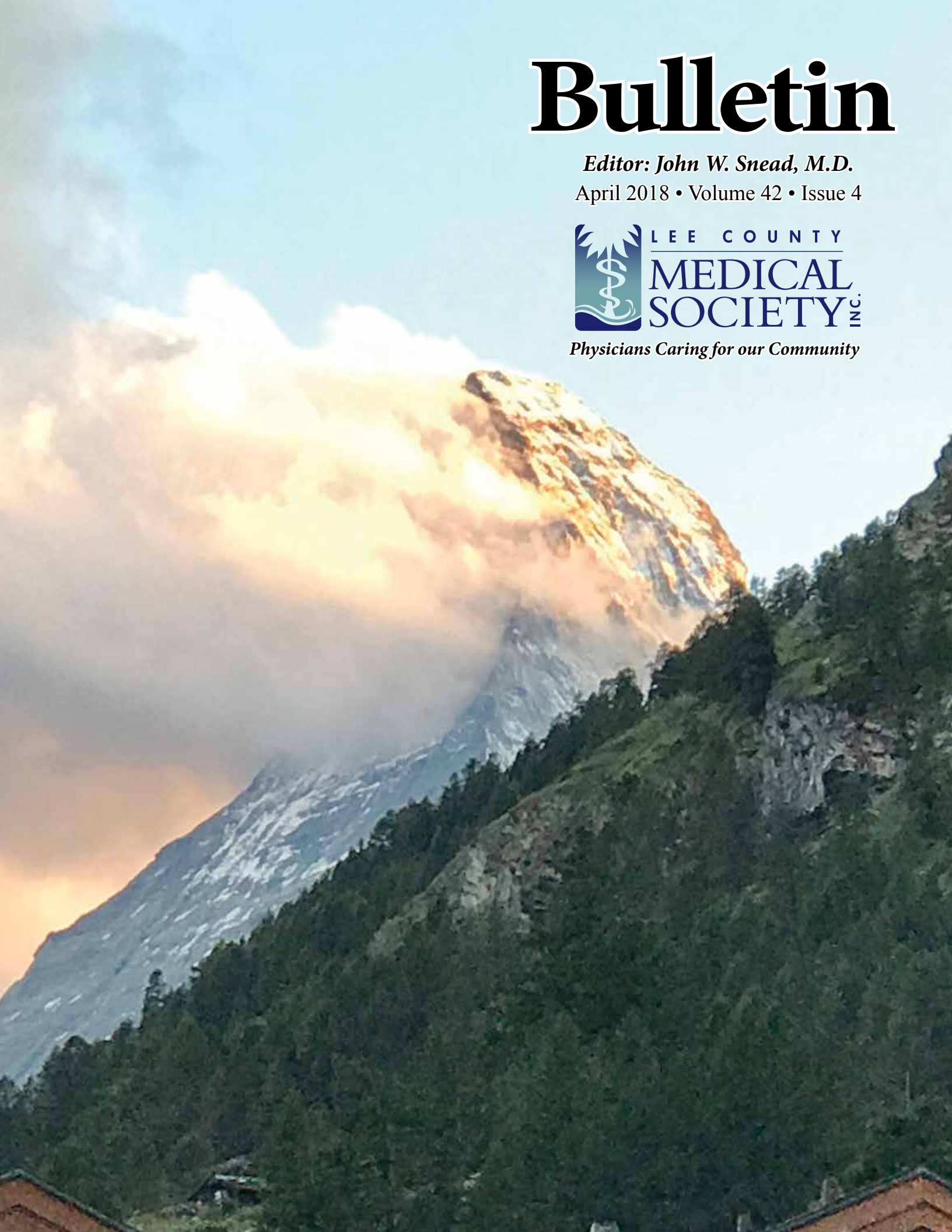

Bulletin

Editor: John W. Snead, M.D.
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LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

13370 Plantation Road, Ste 1, Fort Myers FL 33912

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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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 endorsement 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 meetings minutes are available for all members to review.

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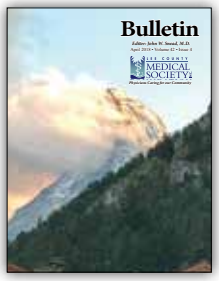
Korunda Pain Management Center
McCourt Scholarship Diabetic Camp Form

Cover Photo By Michelle Keown

Matterhorn Mountain is situated in the Pennine Alps on the border between Switzerland and Italy. It is one of the most famous and distinctive of all Alpine peaks. The Matterhorn is a pyramidal-shaped colossus, standing at a skyline-dominating 4478 metres (14,690 feet).

This beautiful mountain changes from silver to gold for several minutes at sunrise. We were lucky to have a cloudless morning for such a brilliant display.



Cover Photo:
Michelle Keown
Matterhorn Mountain
at sunrise.

Work-Life Tips for Phsicians

CARVE OUT TIME TO ACCOMPLISH CRITICAL TASKS
Set aside blocks of time each day for the things you need to do, whether it's paperwork, patient follow up, or other responsibilities, Lori Brostrom, vice president of marketing at Physician Wellness Services. This will help ease stress, because you will know that what you must get done, will get done.

To be continued in each upcoming Bulletins this year.

Membership News

Moved out of Area
Irma Cruz, MD
Danish Kazi, MD

Retired
Stephen Scholle, MD

Resigned
Patrick McGookey, MD
Jeffrey Lewis, MD
William O-Brien, MD
Bharath Radkrishna, MD

New Location
Dr. Jesus Mendiolaza
Millennium Physician Group
1735 SW Health Pkwy., Ste. 201
Naples, FL 34109
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Fax: 239-260-0781

All RSVP's can be made online at *www.lcmsfl.org*

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Family Medicine

LCMS Calendar of Events
All RSVP's can be made online at *www.lcmsfl.org*

Friday, April 6 - Art by Physicians Group Show at Sidney & Berne Davis Art Center
2301 First Street, Fort Myers, FL 33901, 239-333-1933, SBDAC.COM

Opening Party: Friday, April 6, 2018 • 6 p.m. – 10 p.m.
Closing: Tuesday, April 24, 2018 • 5 p.m.

Friday, April 13 - Joint Cocktail hour with Collier County at Miromar Design Studio on Corkscrew Road. 6 - 7:30 p.m.
10800 Corkscrew Road, Estero, FL 33928.

Cocktail Hour

LEE COUNTY MEDICAL SOCIETY INC. & CCMS COLLIER COUNTY MEDICAL SOCIETY 1957

All women physicians are welcome, so please bring a guest physicians.

Thursday, April 26
Women Physician's Event. Margaritas and Massages at Crowne Plaza from 6:30-8:30 p.m. All women physicians are welcome, so please bring a guest physician.

Martini & Massage

Thursday, May 17
At our next Quarterly Membership Meeting we will have Dr. Andy Wong, Orthopedic Surgeon at Tallahassee Orthopedic Clinic and Associate Professor at Florida State UniversitySchool of Medicine, speaking on the impact of concussions. Crown Colony Country Club, 8851 Crown Colony Blvd, Fort Myers, FL. 6:30-8:30pm.

THE COMPANY STORE

Friday, May 18, 2018 - Do you like to shop and get great deals? We have the perfect opportunity for you. You are invited to shop at the Chico's Company Store on Friday, May 18 from 6 - 7pm. The Company Store carries an assortment of clothing and accessory samples from each of the Chico's brands – White House Black Market, Soma and Chicos.

This event is open to all LCMS guests — so invite your female coworkers, friends, relatives. Clothing prices range from $9 - 36 with jewelry and accessory prices ranging from $3 - 6.

Entrance tickets are $10 and you must register by May 15th to attend due to Chico's Security Policy. You must bring a photo ID and your e-mail confirmation to the event.

Here are some shopping tips:

- There are tables and mirrors around the store.
- Children (under age 13) and/or pets are not permitted in the store.
- No dressing rooms available and no disrobing is allowed. Feel free to try merchandise on over your clothes (Personal Tip - wear yoga pants or a skirt for easier fitting for pants and a skinny shirt/tank top for trying on shirts over top)
- No hoarding!
- Cash, checks, debit and credit cards accepted. All sales are final- There are no returns or refunds

RIGHT after this event, join us for our monthly Cocktail hour at Square 1 Burgers next to Page Field from 7 - 8:30 p.m.

President's Message
By F. Rick Palmon, M.D.

In spite of probable controversy, I am morally compelled to discuss the problem of gun violence in our society. Since the shooting massacre at Columbine High School in 1999, I have become more and more dismayed at the increasing frequency of these horrendous acts of violence, particularly those victimizing children. Since 2013, there have been 290 shootings on school property, often with students present. According to the Centers for Disease Control (CDC), approximately 38,000 gun deaths slightly exceeded the number of people who died in traffic accidents in 2016. In the days and weeks following the tragic high school shooting in Parkland, Florida, there has been divisive rhetoric about 'gun rights' versus 'gun control'. As a physician, I feel a more effective approach to solving this problem is to recognize gun violence as public health crisis. As ethical professionals who have taken an oath to preserve life and good health, we must provide more than the "thoughts and prayers" offered by politicians, who have a tendency to forget even simple promises.

Gun rights proponents who insist that "guns don't kill, people do", overlook the fact that guns are a constant factor in the equation of gun violence. Others propose the confiscation of guns from those with certain psychiatric illnesses even though Dr. Louis Kraus, chief forensic psychiatrist of Rush University Medical College, reminds us that "the vast majority of gun violence is not attributable to mental illness." Still some suggest that the problem is a school safety issue and that armed teachers can protect our children against a gunman equipped with an AR-15 semi-automatic rifle that can fire more than a hundred rounds in minutes.

As a gun owner, who attended what was known then as the largest military high school in the nation, and enjoys target shooting with my sons, I appreciate the wish of American gun owners to preserve their gun privilege. However, we must allow for sensible policy change to better protect all citizens from preventable deaths by gunshot wounds. I find it difficult to believe that our musket-bearing founding fathers ever envisioned the carnage that modern automatic and semi-automatic firearms are capable of producing. University of Pennsylvania trauma surgeon, Dr. Jerry Cannon, described the injuries produced by high velocity, semi-automatic rifles, such as the popular AR-15 as, "tissue destruction [that] is almost unimaginable. Bones are exploded, soft tissue is absolutely destroyed. The injuries to the chest or abdomen — it's like a bomb went off." Is it truly a right for all civilians to own and carry military grade weapons? Does this make us safer as a nation? Where is the data?

Governor Scott recently (3/10/18) signed new gun control legislation into law that raises the minimum purchasing age for buying a rifle from 18 to 21, invokes a three-day waiting period on purchases, enables school employees and teachers to be armed, allows temporary seizure of guns from the mentally ill and funds for bulletproof glass and metal detectors at schools. While this is a small encouraging step in the right direction, there is so much more to be done.

The American Psychiatric Association, the American Academy of Pediatrics and four other medical associations issued a joint statement urging comprehensive action by Trump and Congress, including labeling gun violence a national public health epidemic. The groups' recommendations include limits on high-powered, rapid-fire weapons designed to kill and adequate funding for gun violence research at the Centers for Disease Control and Prevention. Repealing the Dickey amendment and encouraging rather than thwarting carefully planned, systematic data collection examining gun related fatalities and determining accurate risk factors could be used to verify the efficacy of enacted gun violence prevention policies. AMA President David Barbe, MD echoed the ban on assault weapons and said the following. "We also called for more resources for safety education programs that promote more responsible use and storage of firearms, and noted that part of ensuring firearms safety means that physicians need to be able to have frank discussions with their patients and parents of patients about firearm safety issues and risks to help them safeguard their families from accidents. We also urged the nation to strengthen its commitment and resources to comprehensive access to mental health services, including screening, prevention and treatment. While the overwhelming majority of patients with mental illness are not violent, physicians and other health professionals must be trained to respond to those who have a mental illness that might make them more prone to commit violence." Recognizing the gun violence as a public health crisis will provide our society with a more holistic framework from which to find meaningful solutions, with physicians at the helm.

In the meantime, while all the data is being collected, I favor the action taken by Australians after they experienced their nation's worst mass shooting in in April 1996 when a man armed with semiautomatic weapons killed 35 people and wounded 23 in Port Arthur, Tasmania. The national outcry that followed led to the rapid introduction of tight restrictions on firearms, including a ban on almost all automatic and semiautomatic rifles, as well as shotguns. Since then, there have been no mass shootings in Australia. Similar legislation could be enacted in America with eventual fine-tuning after collection and analysis of meaningful data by the CDC. It would much more effective than polarizing political posturing and forgotten promises. What reasonable solutions would you consider?

1. everytownreach.org
2. https://www.theatlantic.com/health/archive/2018/02/gun-violence-public-health/553430/
3. http://www.politifact.com/truth-o-meter/statements/2017/oct/05/steve-israel/former-democratic-congressman-compares-gun-violenc/

Allen Shevach, M.D. Eulogy
by Larry Antonucci, M.D.

MEMORIAM
Allen B. Shevach, M.D.
1940 - 2018

In the course of a lifetime many people touch our lives. There are only a few who profoundly alter the course of that life. Allen was one of those for me and my family. We are in Fort Myers because of Allen; he delivered our three daughters who will always know him as Uncle Allen. He was a trusted partner, mentor and friend. Allen didn't just touch your life-he embraced it-with both arms. As this day approached I struggled with how I would find the words or the metaphor to describe just how Allen lived his life. The answer came from an unusual but very fitting place-ESPN. You see, Allen was an enormous sports fan. One day while channel surfing, ESPN was televising the World Series of Poker. There is a circumstance in Poker where you are so committed to your hand that you place all your chips on the table and you are said to be, "All in". "That's it!", I thought. Allen was ALL IN in everything he did. Whether it was his devotion to his family, Liz, Allen Jr., Billy, Kathy and later, Josh; his patients and staff, he did nothing half way. He didn't just run, he ran marathons. He didn't just start "The Wave" at sporting events, he did it in the dining room of a cruise ship. He wasn't just a Miami Dolphin fan, he attended just about every game.

His commitment to his patients was unwavering. In the early years when it was just the two of us I would commonly come in after being on call to find Allen looking tired. When I asked why, the story was always similar; a patient, who was also a friend, was in the ER with an injured, child or family member and Allen spent the night with them. It didn't take me long to figure out that the term, "a patient, who was a friend" was a redundancy for Allen. Just about every patient he cared for considered him a friend. You see, Allen didn't just care for you, he cared deeply about you. He was ALL IN for his patients.

Most Obstetricians when beginning a labor induction, do so in the morning then go to the office in the anticipation that the patient will deliver toward the end of the work day. Allen started his inductions at 4PM so he could be with his patients while they labored in the hospital. It is common practice for surgeons to schedule their elective cases on Monday or Tuesday so the patients could be discharged by the weekend. Guess what day Allen scheduled his cases-Friday so he could spend more time with his post op patients on the weekends.

In August we gathered with many of our former staff members and doctors, some of whom started with Allen in the early seventies. It was a beautiful luncheon and although we called it a reunion, we all knew it was much more than that. We shared stories, remembrances, laughter and love. At the end, Allen took the floor and as you can imagine, entertained us with stories, reflections and jokes. The most memorable ended with the punch line, "the flight attendant got on the intercom and said, "Will the lawyer who gave me the crabs please ring your call button." I will let you imagine what the set up was to that joke. Allen talked about his temper which was legendary. He could fly off the handle in a heartbeat. Having said that, I want you to know that in the twenty plus years we worked together we never shared a cross word. That's the truth.

So today as we mourn Allen's passing let's also celebrate a magnificent life who touched-embraced-so many of us and a wonderful, caring physician whose legacy will be felt in our community for decades to come.

Services were held at Temple Beth El, on Monday, January 29, 2018. Memorial contributions may be given to the charity of your choice.

By Popular Request & with dr. Scott's permission, the Society has been asked to reprint some of Dr. Scott's previous Bulletin articles

Salutem in Domino — July 2010

I am in need of a Latin lover, gender or ethnicity of no consequence. The Latin lover required is one who loves the dead language of Latin (not Spanish). Latin was used extensively in the history of medicine and until recently we were using abbreviations of Latin words in writing doctors' orders, prescriptions and progress notes. In fact, we have in the Museum of Medical History a number of old prescription blanks written in Latin that had been filled by a pharmacy.

In 2004, Dr. Thomas M. Wiley Jr. (died March 22, 2010) donated his grandfather's 1890 medical diploma (rolled up inside of a World War I khaki metal cylinder) to the Museum of Medical History. The right half-inch side had been burned & was destroyed. It is written almost totally in Latin and is "all Greek to me" (All Greek to me is an old expression meaning you don't understand something.). Universitas Vanderbiltia and following this is OMNIBUS ILLSCE (a round wreath around the portrait of Commodore Vanderbilt) and then LETTERIS LECTTURIS. Below the above is SALUTEM IN DOMINO. The remainder is written in Latin except for "Thomas Monroe Wiley" Medicinar Doctoris and ISTUM GRADUM. Nashville is in English as is "Faculty" in which there are IO difficult to read signatures with their handwritten titles. As best I can tell are "Chancellor, Prof Surg, Women & Children, Physiology, Chem, Anatomy & Op. Surgery, Ophthalmology & Otology, Materia Medicus, and Therapeutics. In addition, two trustees signed "FOR THE TRUSTEES". I hope all of this doesn't sound Greek to you as I tried to describe it as best I can. I advised Tom Wiley, Jr. that since he was named for his grandfather rather than his father, he should actually be Tom Wiley II according to the rules of the time, and his son should actually be Thomas Monroe Wiley III.

I always try to have a Museum donor write something about their donation and in Tom's case about his memories of his grandfather. The following information is a direct quote (except for mine in italics) from Tom's statement. "This collection of memories is prepared to accompany the diploma of Thomas M. Wiley, my grandfather and namesake, from Vanderbilt University Medical School, 1890. He practiced the few years of his professional life at Lexington, Ms. (Mississippi).

As was the custom in that era, a big portion of his medical education was by "reading", (i.e., studying books) and only a part of the time was his presence required on site, in Nashville. Since his eyesight was reportedly poor, the reading was done to him/for him by his wife Gertrude. Unfortunately, she retains some of this wisdom (?) and practiced some on the undersigned.

As a young child, I spent my summer in her home in Greenville, Ms. (Mississippi). The first day always included a purging with Castor oil, orange juice the vehicle. (Do you know that the castor bean is poisonous? We used to climb and play with the castor beans!) I despised O.J. until my later adult years!! Another hardship was a daily dose of cod-liver oil!! My absolutely worst night was spent with a mustard plaster on my back to treat my "fevers". A few years later my Alabama family doctor correctly diagnosed my illness — malaria. My ears buzzed (tinnitis) all that summer — side effects of quinine.

After only a few years of practice, he (old Dr. Wiley) died as a result of an occupational hazard. Fumigating a house with sulfur was expected of a doctor after an outbreak of diphtheria--to eradicate the "demons in the vapors" of recesses in the house. He lost several members of this particular household (adults and children) and evacuated the survivors. When the house was empty and boarded, he burned the sulfur — but remained too long, inhaling these fumes. (What a picnic OSHA would have with this situation!)

According to his widow, he quickly became ill with vomiting and prostration. Soon, his skin turned yellow, a day or so later, green. The next day or so he then developed a purplish tint to his skin. This was almost certainly due to a hemorrhagic systemic reaction from acute liver atrophy.

In following years, Gertrude moved to Memphis, Tn. (Tennessee) with their three young sons. My father, the youngest, had his college education (Christian Brother's College) terminated by the eruption of World War I. (Signed) Thomas M. Wiley Jr. M.D. Fort Myers Florida May 21, 2004". This ends the quotation of Tom's statement.

Thomas Monroe Wiley Jr. M.D. died March 22, 2010 after a very short illness. For those of you who did not know Tom, you missed a great deal in your education and life.

Diphtheria was indeed one of the scourging diseases of the ages until well into the early 20th century. I pulled out my Quain's 1902 Dictionary of Medicine to review the old information to see what was transpiring in 1902 regarding this devastating disease, and to my surprise seventeen pages of small print are devoted to diphtheria. This "dictionary" is more a Book of Medicine than a pure dictionary, and it is interesting to see how much was no specific treatment only basically symptomatic and in severe cases a tracheotomy might have to be performed. Three out of four cases were in children less than 10 years of known about this disease as well as its treatments. There age and mortality was high. Mortality in all ages was approximately 30% but was reduced to less than 12% once Dr. Emil von

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Behring working in Dr. Robert Koch's Institute with Dr. Erich Wemicke developed an antitoxin in 1890. It was first clinically used in a child in 1891 constituting the first effective therapeutic serum against diphtheria. A similar situation (but different disease) occurred in Montgomery, Alabama in June 1953 when we were personally the first to give massive intramuscular doses of gamma globulin (before the Salk polio vaccine was developed) to all the children in order to "break" an extensive polio epidemic. It worked! (This affair is documented in the September 1997 AIR "And You Were There")

Behring with Dr. Shibasaburo Kitasato developed an effective therapeutic serum (antitoxin) against tetanus also in 1890. These two antitoxins began the Serum Therapy Era. Before 1891 more than 50,000 German children died annually from diphtheria, but this was significantly reduced after 1891. You must remember that in the late 19th and early 20th centuries even though antitoxin was available in large cities many areas of the world could not get access as communication and transportation were in the early stages of development. The earlier in the course of the disease that the antitoxin was administered, the better the outcome of the disease. In the United States annually about 150,000 cases of diphtheria occurred before Behring with Horst Pharmaceutical developed in 1913 a toxoid for prophylaxis against diphtheria. Currently about five cases occur in the United States annually and are usually associated with world travelers.

In 1901 the first ever Nobel Prize in Physiology & Medicine was awarded to Dr. Emil von Behring.

I never had any immunizations as a child until 1941 when vaccinated against small pox.

This 15th year anniversary article has been most frustrating, but interesting & informing.

4 Areas for Practices to Focus on in 2018

By Barry Fortner, PhD

The New Year brings new goals, new perspective, new opportunities — and new challenges. Healthcare providers feel the pressure as they look to improve care quality, lower costs, and increase patient satisfaction while navigating unique economic and regulatory pressures. The shift towards value-based care, the increased financial responsibility of patients, and changing medication costs require providers to find new and innovative solutions in order to thrive

In working with a variety of providers on solutions to address today's biggest market pressures, we've identified four key areas in which practices should invest time and resources to be successful: inventory management, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Quality Payment Program, clinical research, and physician dispensing.

Inventory Management

The critical success factor for a medical practice lies in gaining financial and operational control of its drug inventory. Even a single instance of a missed drug unit can cost thousands of dollars. Maintaining optimal inventory levels by utilizing an inventory management system with full visibility into every unit of medication will help plug potential profit leaks. By using an inventory management system, practices can see where cash flow is clogged and adjust. When practices can see their full inventory at once, they can make smart decisions based on patient scheduling, and ensure that the right product is in the right place at the right time. When evaluating inventory management models, practices should also consider options with payment verification components. This way, practices can follow drug doses from the time they are placed into inventory, through the billing cycle, until full payment is received.

MACRA Programs

The window for eligible clinicians to begin reporting data for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Quality Payment Program opened in January. Eligible clinicians need to understand the program and make thoughtful changes in preparation for full participation.

For long-term success with MACRA and its Merit-based Incentive Payment System (MIPS) pathway, practices should evaluate their EHR system to ensure it's compliant. Your practice should also carefully select Quality performance measures for reporting and review historical data. Identifying an in-house dedicated MIPS expert or external partner with historical success is a cost-effective investment. Having a knowledgeable and up-to-date resource can keep you informed of changing regulations and help you navigate complexities. Organizations should take advantage of MACRA's extended transition period through 2018 to understand the program and make thoughtful practice changes in preparation for full participation.

Clinical Research

In 2015, 1,375 community health centers provided care to 24.3 million patients, including 1 in 12 U.S. residents and nearly 1 in 6 Medicaid enrollees . Community practices are uniquely positioned to help patients access cutting-edge care through enrollment in clinical trials, but most lack the resources and access to make clinical trials available to the patients they serve. Practices should explore partnerships that can connect them to clinical trials and research opportunities. These programs allow for a more streamlined approach to identifying, qualifying for, and enrolling in targeted clinical trials that offer ground-breaking treatment options. At the same time, they give manufacturers trusted access to additional qualified patient populations, outside of their traditional clinical trial partners, and streamlined enrollment for those patients.

In-Office Dispensing

Patient care and outcomes are optimized when prescriptions are as close to the physician as possible. In-

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office dispensing, which can include either a physician dispensing program or a retail pharmacy, enables providers to play a greater role in the pharmaceutical care of their patients. Practices looking to implement an in-office dispensing program need to be ready for the increased regulatory requirements to support the program and ensure they are properly structured to take on the additional workflow and responsibilities of dispensing.

Having an in-office dispensing program where clinical staff is part of the care team allows the practice to better manage the patient. If both the patient and the prescription are close to the provider, it has a positive impact on patient outcomes and provider measurement under a value-based care model. While the challenges that practices face this year and beyond are formidable, by creating smart solutions and strong partnerships, providers can come out on top. Focus on inventory management, MACRA, clinical research and physician dispensing – or find a partner who can help you address these four opportunities – and you, too, will soon find ways to expand offerings and remain financially viable while also achieving the ultimate goal of providing patients with the highest quality care.

About the Author

Barry Fortner, PhD, serves as SVP & President of Specialty Physician Services at Amerisource Bergen. Dr. Fortner has over 200 scientific publications and conference presentations ranging from early work in cognitive psychology, death and dying, and psychotherapy research to more recent work with health and patient reported outcomes, psychometrics, pharmacologic and health economics, quality improvement, and oncology therapeutics and supportive care. His scientific work also includes published statistical innovations regarding treatment induced deterioration, practice efficiency, opportunity costs, and clinical pathway compliance.

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www.lcmsfl.org/pwp

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