LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

Physicians Caring for our Community

Editor: John W. Snead, M.D.

Volume 38 Issue 10

December 2014

2014 Meetings & Events

LCMS Annual Holiday Party
December 8, 2014
7:00 p.m. - 10:00 p.m.
Gulf Harbour Yacht & Country Club
14500 Vista River Dr.
Fort Myers, FL 33908
Sponsored by:
FineMark National Bank & Trust
The Doctors Company
$65 per attendee
RSVP Required

2014 Annual Medical Service Awards
January 16, 2015
6:00 p.m. Soctial Time
7:00 p.m. Dinner
7:50 p.m. Program

Installation of 2015 LCMS Officers
Annual Medical Service Awards

Lexington Country Club
16257 Willowcrest Way
Fort Myers, FL 33908

Entertainment by:
Boz & Bon Togetha Forevah Band
$25 per attendee RSVP Required

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:
Annual Holiday Party Invitation
Annual Medical Service Awards
Florida Gynecologic Oncology
The Doctors Company
LCMS Health Insurance Enrollment Now Open

Inside This Issue:

Schlumbergera bridgesli "Christmas Cactus"
By, Peter Sidel, MD

LEE COUNTY MEDICAL SOCIETY BULLETIN

13770 Plantation Road, Ste 1
Fort Myers, Florida 33912
Phone: (239) 936-1645
Fax: (239) 936-0533
E-Mail: awilke@lcmsfl.org
www.leecountymedicalsociety.org

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

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

Moved out of Area
John Sarzier, MD
Timothy Kerwin, MD
Michael Smith, MD

New Location
Physicians Primary Care of SW FL
Michael Verwest, MD
Tel: 239-482-1010 (Family Medicine)
Olympia Pointe
5700 Lee Blvd.
Lehigh Acres, FL 33971
Tel: 239-432-5858 (OB/GYN)
Tel: 239-481-5437 (Pediatrics)

New Members
Christian Cavanagh, MD
Sara lane, MD
Nina Nordgren, MD
Sandadi, Samith, MD

Retired
May Foo, MD

New Applicants

Christina M. Cavanagh, MD - Dr. Cavanagh received her MD degree from the University of Florida, Gainesville, FL in 2007. She completed her training at Self Regional Healthcare Family Medicine Residency Program, Greenwood, SC from 2007-2010. Dr. Cavanagh is board certified in Family Medicine by the American Board of Family Medicine. She is in group practice at LPG Family Medicine Center, 2780 Cleveland Avenue, Ste 709, Fort Myers, FL 33901 Tel: 239-343-2387.

Anjana M. Chaudhari, MD – Dr. Chaudhari received her MD degree from Government Medical College of Surat, India in 1997. She competed an internship at B. J. Medical College, Ahmedabad, India from 1997-1998 and a residency at North Shore-LIJ Hospital, Bay Shore, NJ from 2003-2006. Dr. Chaudhari is in group practice with Lee Physician Group, 3501 Health Center Blvd., Ste 2310, Bonita Springs, FL 34135 Tel: 239-495-5020.

Rachel L. Metheny, MD – Dr. Metheny received her MD degree from the University of Missouri, Kansas City, MO in 2009. She completed an internship and a residency at Washington University, St. Louis, MO from 2009-2012 and a Child Psychiatry fellowship at Washington University, St. Louis, MO from 2012-2014. She is board certified in General Psychiatry by the American Board of Psychiatry and Neurology. Dr. Metheny is in group practice with DNA Comprehensive Therapy, 6360 Techster Blvd., Ste 2, Fort Myers, FL 33966 Tel: 239-223-2751.

LCMS MEMBERSHIP DUES

You should have received your 2015 Dues Statement by now; they were mailed mid September.

Please remit your dues by December 31st to keep them from becoming past due. Your quick response would be appreciated if you have not remitted your payment. Thank you to all of you who have sent your payment in already.

Recruit three new members and your 2016 dues will be free of charge!

Recruit three new members in a year and your next year's dues will be free of charge.

President's Message

by Peggy Mouracade, MD

Gratitude

Having just spent an evening celebrating "Women In Medicine" brought to mind how fortunate and blessed that I am to have the life that I lead. Appreciating that I am broaching two decades of practice, the depth and breadth of those around me was truly amazing. Many young fresh-faced newly trained physicians present, reveling in their first few months of private practice, made me appreciate the first few years which we all experience and are the rites of passage. I found myself giving encouragement and actually providing words of wisdom, much in the same manner as when I first came to town and was invited to be part of the informal monthly meeting of the women physicians. Many of those women physicians, some of who had retired were present and offered many of us the hope that we too, would survive and get to enjoy the "golden years." Some of us had recalled that we were about a dozen in those early years and could easily sit around a large table at a local restaurant. Amazing, as times have changed and the reception area for this event was filled.

Recently, I experienced the loss of one of my favorite patients. He had been among the first dozen in my practice. I had the privilege of first meeting him almost 17 years ago when he presented with mild renal insufficiency. Eventually his disease progressed and he went on to require dialysis. Fortunately, he was able to be transplanted and lived a decade before succumbing to the ravages of cardiopulmonary disease. During his last few days in the hospital, I rounded on him and had a private conversation in which he very eloquently dissected his current state and realized that without the continuous intravenous infusion of norepinephrine that he would never be able to live outside of the ICU. He had been deemed inoperable not only by our cardiothoracic surgeons but also those at a tertiary medical center. He thanked me for my care and as we reminisced I realized that he had been a witness and had played a vital part in my development as a physician. In caring for him I was able to appreciate the full scope of my field and also learned of the many nuances in trying to care for a rather complicated transplant patient who often had "his own will" and despite all, he had survived and had lived what he thought was an incredible life. The next day his family had descended, coming in from all parts of the nation realizing it was time to say their good byes. When I stopped by, his wife introduced me to several of the family at the bedside and made the statement—"she knows all the family secrets." It wasn't until then that I had realized how much of his life was shared with me and how I was given this incredible honor and privilege.

As this is my last message, I wanted to thank you, the members, for giving me the opportunity to serve as your President. During this past year I found myself taking a step or few back in order to gain perspective of the issues surrounding us. Admittedly, in the past I just did not take the time or effort as I figured that someone else would do that for me. Having had this vantage point, I know that I am better equipped to go forward to appreciate and promote our profession. It is a profession that we should celebrate and of which we should be proud. Despite all that is surrounding us and the uncertainty of the future, I still believe that medicine is and will continue to be a noble profession.

Lee County Medical Society 2015 Officers

The following slate of nominations for the 2015 officers of the Lee County Medical Society was voted and approved at the November 13, 2014 General Membership Meeting. We welcome and thank all who participate.

BOARD OF GOVERNORS

President: Andrew Oakes-Lottridge, MD (elected 2014)
President-Elect: Shari skinner, MD
Secretary: Rick Palmon, MD
Treasurer: Jon Burdzy, DO
Past President: Peggy Mouracade, MD

Newly elected BG Members-at-Large
Lynn Einbinder, MD (2017)
Cherri Morris, MD (2017)

Previously elected Members-at-Large
Joanne Carioba, MD (2016)
Kultar Singh, MD (2016)
Daniel de la Torre, MD (2015)
E. Trevor Elmquist, DO (2015)
Paul Makhlouf, MD (2015)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

LEGISLATIVE COMMITTEE

*Stuart Bobman, MD

COMMITTEE ON ETHICAL & JUDICAL AFFAIRS

*Darius Biskup, MD, Chair (2017)

Newly elected Ethical and Judicial Affairs Members:
Craig Sweet, MD (2017)
Krista Zivkovic, DO (2017)

Previously elected Ethical and Judicial Affairs Members:
Elizabeth Cosmai-Cintron, MD (2016)
Tracy Vo, DO (2016)
Jacob Goldberg, MD (2015)
Steven Guterman, MD (2015)

DELEGATES/ALTERNATES FMA ANNUAL MEETING

FMA DELEGATES

Stuart Bobman, MD
Jon Burdzy, DO
Joanna Carioba, MD
Stefanie A. Colavito, MD
Elizabeth Cosmai-Cintron, MD
Daniel de la Torre, MD
Valerie Dyke, MD
Raymond Kordonowy, MD
*Richard Macchiaroli, MD, Chair
Peggy Mouracade, MD
Jeffrey Neale, MD
F. Rick Palmon, MD
Shari Skinner, MD

ALTERNATE

James H. Fuller, MD

We wish to thank the physicians leaving our Board who gave their time and decision making for the Medical Society.

From the Board: Valerie Dyke, MD, and Audrey Farahmand, MD
From the Committee on Ethical and Judicial Affairs:
Kultar Singh, MD.

*EX-OFICIO MEMERS OF THE BOARD OF GOVERNORS

As the renewal period for licenses expiring January 31, 2015 continues, it is important to remember that this is the last renewal period in which CME reporting through CE Broker will be optional for Group 2 renewals. Beginning with the February 1, 2015-January 31, 2017 biennium, reporting CME through CE Broker will be **Mandatory**. Reporting through CE Broker is already mandatory for Group 1 renewals in the February 1, 2014-January 31, 2016 biennium. For more information about CME reporting through CE Broker, please visit **http://www.ceatrenewal.com/**.

Additionally, if you are having difficulty fulfilling your CME requirements for renewal, please keep in mind that, unfortunately, the Board of Medicine does not have the authority to grant CME hardship exemptions. A license **cannot** be renewed without proof of completion of all CME requirements, so please be mindful of this as the biennium comes to a close.

If you have any questions or concerns about this, or any other matter, please contact the Board Office at (850) 245-4131 or **MQA.Medicine@flhealth.gov**.

Life as a Resident

Dr. Carl Nyberg, Resident Physician, LMHS Medical Residency Program

A shrieking, repetitive, high-pitched beeping startles me from my unconscious state. I roll over and look at the clock, "5:00 AM," it reads. I quickly get up, make a cup of coffee, eat breakfast, shower, and head out the door. Around 6:20AM I arrive at the hospital to find out what new has happened overnight. I gather the information, morning laboratory studies, and the plans for each patient that day. I then head off to the wards to see my patients.

As a family medicine resident on the inpatient hospital service, this is the most meaningful time of my day. The morning is when I get the most interaction with my patients, get to know them, find out what is effecting their health, and determine how I can improve their quality of life. In family medicine, our goal is to not only learn to apply the science of medicine but also focus on establishing long term relationships with our patients, hence my enjoyment from the time I spend at my patients' bedsides as well as in the clinic.

I am a first year resident in the Florida State University / Lee Memorial Family Medicine Residency. Other than in the community of physicians, a "residency" is not something other healthcare workers, patients, and the general population is familiar with. I did not even realize what residency was until I started applying to medical school. Residency is ultimately a physician's next step, after graduating medical school, in a lifelong path of learning their medical specialty. My unique path in medicine started here in Fort Myers as a volunteer at Lee Memorial Hospital in high school. After graduating from Fort Myers Senior High, I proceeded through 4 years of undergraduate, and 4 years of medical school before coming to this point, my first year in residency, where I am now training in my specialty of choice: Family Medicine.

Being that I am from Fort Myers, another great joy is being back in the town where I was raised and now being able to contribute to the community that I love and where I plan to settle after I complete my specialty training. Since I have been away from my hometown, much has changed, and our community has grown. A residency program is also a brand new concept to the community. In fact, the FSU / Lee Memorial Family Residency is in its first year, with all new faces. One of the biggest goals for the new residents and faculty at the program, is to establish an outstanding and renowned program that will better the local community and provide healthcare to those in need. As a family medicine resident, month-to-month I rotate through different specialties, from pediatrics to geriatrics, from OB to sports medicine, and on the general hospital service, as I described earlier. I treat all spectra of medical ailments while striving to gain additional experience so that I can continue to improve the quality of life here in Southwest Florida.

Immunoglobulin Deficiencies and its Association with Infectious Disease

ANDREW PUGLIESE, MD

The largest challenge facing the infectious disease community in the 21st century is the increasing number of resistant organisms found in various disease processes. The reason is much more complex than the over prescribing of oral antibiotics for sore throats. This is not to say that good antibiotic stewardship is not an important concept because it is, but it must be recognized that the medical challenges of the human population today is much more complex than any other time in our history on Earth.

Medical technology has allowed many human beings to not only survive but thrive with a number of medical illnesses that would have been fatal sixty to seventy years ago. The cornerstone of these advancements has been the introduction of antibiotics. Think for a moment how antibiotics aid in reducing mortality of infectious disease processes such as pneumonia, cellulitis and diverticulitis. Without antibiotic use in these areas think what the annual rate of mortality would be in this country alone. Also, it cannot be forgotten how the prophylactic use of antibiotics for invasive procedures prevents the complication of an infectious process post-procedure.

It has already been stated that inappropriate antibiotic therapy contributes to resistance formation but a secondary question needs to be asked: what about antibiotic use for those suffering from recurrent infections? Two areas of interest include:

- recurrent chronic sinusitis: a huge problem in the United States, especially, the Southeast
- recurrent cutaneous MRSA infections.

In my practice, there have been numerous patients with recurrent chronic sinusitis that have been diagnosed with an underlying gamma globulin immunodeficiency that, once addressed, the need for antibiotic therapy annually dropped significantly. Though the number of patients with an underlying gamma globulin deficiency is far less, I am currently following several patients who are no longer taking prolonged courses of anti-MRSA antibiotics frequently because of continuous outbreaks, by addressing the underlying cause with IVIG therapy.

Recently I diagnosed a woman with hyper-IgE syndrome with recurrent MRSA infections and since receiving IVIG therapy, her MRSA and underlying psoriasis have become much more manageable. There have also been several patients who developed immunoglobulin deficiency after receiving chemotherapy either for breast cancer or lymphoma.

Lately, I have had several patients who did not have problems with recurrent bacterial infections until they were well into their fifth or sixth decade of life. In most of these cases, an underlying immunoglobulin deficiency was identified. In one case, an older woman with MGUS (monoclonal gammopathy of unknown specificity) was found to also have CVID. Since receiving IVIg therapy she has not had any further bouts of cellulites.

It is my belief that immunoglobulin deficiencies are under diagnosed in this country. That the ever-changing complexities of our patients due to increasing life expectancy which creates more genetic diversity along with patients living longer with chronic disease, will push the envelope for the medical management of patients. Clinical reasoning will be more necessary than ever in treating patients who do not fit into the generic clinical outcome model. The challenging question then becomes if one infectious disease practitioner is seeing all of these patients with immunoglobulin deficiencies the same may be true for other infectious disease practices and clinics.

In order to help combat the growing treat of antibiotic-resistant organism there must be a bridge between immunology and infectious disease. This bridge has to be more than the one question relegated to the infectious disease certification exam annually. There must be a concise approach doing a comprehensive immunoglobulin workup on patients once standard medical management has failed. This in turn will give clinicians one more arrow in the quiver in the battle against antibiotic-resistant organisms.

Andrew Pugliese is an infectious disease physician who blogs at Sinusitis Blog. He can be reached on Twitter @SinusBlog.

Potluck in Paradise was held Saturday night (Nov. 1st) at the home of Dr. Adam and Megan Heller Rainbow Farms.

50 plus people attended and were entertained by creative costumes, delicious food, creative pool lighting and thirst quenching drinks!
It was good to meet the newcomers who felt right at home with the warm hospitality of Megan & Adam.

GOOD WHEELS, INC. ASK FOR YOUR HELP SO THEY CAN PROVIDE FOR MORE PATIENTS

We need your help to transport more dialysis and chemo patients to treatment centers.

Please select treatment centers, whenever possible, within five miles of your patients' home. This will enable us to be more efficient, and provide transportation to more of our patients/clients.

There is insufficient State funding to transport all the disadvantaged for their medical treatments in Lee County. We are only transporting most of those needing dialysis and chemo treatments; there are more needing these treatments, and still more with other medical conditions.

Good Wheels is a 501 (c) 3 nonprofit company which transports the disadvantaged in Lee County to medical appointments. We provide this service to non-Medicaid clients not only in Lee, but also Hendry, and Glades Counties; and provide Medicaid transportation in Lee, Hendry, Glades, Collier, and Charlotte counties.

You may also join us in contacting our local State Representatives and Senators requesting additional State funding for Lee County from the CTD (Committee for the Transportation Disadvantaged) for the transportation of the disadvantaged.

If you have any questions, please contact me
Thank you,
Alan Mandel, CEO, Good Wheels
amandel@goodwheels.org

The LCMS would like to say thank you to Drs. Tom Presbrey, Fred Schaerf and David Turkel for their efforts to win a seat in the 2014 Lee Memorial Health System Board of Directors. We applaud your dedication in representing your medical profession and hope that we will be able to support you in the future.

Lea Blackwell, MD Develops a Patented Postoperative Compression Bra for Breast Surgery Patients

During my breast surgery fellowship, in Washington, DC, we put a surgical bra on every patient as the dressing. "Seromas and hematomas are not your friend" was the teaching point. Surgical compression bras play an important role for the patients after breast surgeries in reducing the space that is available for fluid to collect after surgery. Additionally, the weight of the fluid causes tenderness and the support role of the bra makes the patients more comfortable after surgery.

The current postoperative compression bra available at the hospital is a patented item called the Surgi-bra. I placed a Surgi-bra on every patient after surgery and I would field complaints from almost every one of them about the bra. The complaints would sound something like "how much longer are you going to make me wear this harness". They would acknowledge that when they took the bra off they were uncomfortable and they needed the bra for support.

I started thinking that I could design my own bra for the patients. I recognized several problems with the Surgi-bra. First, I felt that the bra should be seamless; the Surgi-bra had a seam in the center of the front panel that would cut right across the nipple area. The Velcro front closure would scratch the patient and was stiff. The side of the bra would come up to the under arm area where the incision was placed for the lymph node biopsy.

After I thought about the bra idea for about a year, I decided to make an appointment with a patent attorney in Naples. The patent attorney started with a patent search to evaluate the current patents on surgical bras to see if my "idea" was unique enough to be patentable. The patent attorney told me that most inventions are not necessarily a purely new idea but, typically an improvement on an existing item. He advised me that after the patent search, he believed that my idea was patentable and the patent application was submitted. I didn't hear back from the patent office for two years. During that time I worked on getting a prototype created. I shopped at fabric stores, ordered clasps off of the internet and found out that I had neighbors that sewed as a hobby.

Ultimately, I started working with a seamstress to make a bra prototype. It took about six months to really create a bra with the seamstress that I felt was adequate for use with patients. I started using my bra, which I called the "Blackwell Bra" on patients in January of 2014. Since that time, I have put around 200 bras on patients.

The patients have really appreciated the improvements that I have made to the post operative bra, especially the patients that had the Surgi-bra from previous surgeries. I have been making them with a cotton spandex blend fabric and I have been using uplifting, bright colors to differentiate the sizes.

While waiting for the patent office response, I placed a second patent application, which addresses improvements that I have made to the bra through the prototype process and another companion item for the patients that I am calling the "drain apron".

The patent was issued in July of 2014. It was a gratifying accomplishment to have the patent issued and I have been very happy about all of the positive feedback that I have been receiving from patients and the nurses caring for my patients. I feel like I have just gotten through the first hurdle and I am currently working on finding a manufacturer to make the bras. It's been an interesting adventure.

LCMS Member, Lea Blackwell, MD, Associates in General & Vascular Surgery.

The LCMS offers mailing labels of the LCMS Members for a fee.
Approval by editor of product being mailed out to membership required.

Labels Available:		**6% FL Sales Tax**	**Total**
☐ **Member/Applicant** Opening a new Satellite Office Announcement of new partner Announcement of relocation	**$ 75.00**	**4.50**	**79.50**
☐ **Non-Member Physician**	**$ 200.00**	**12.00**	**212.00**
☐ **Medical Organizations**	**$ 200.00**	**12.00**	**212.00**
☐ **Non Medical Related**	**$ 300.00**	**18.00**	**318.00**
☐ **Non-Profit Organization**	**$ 125.00**		**125.00**
Non-Profit – Tax Exemption # _____			
☐ **Disk For LCMS Members ONLY**	**$ 200.00**	**12.00**	**212.00**
Disk annual updates	**$ 100.00**	**6.00**	**106.00**

Disk info: Excel format includes name, specialty, organization name, business address, telephone, and fax.

Updates On Telemedicine

Florida Board of Medicine

Continuing the ongoing effort to broaden the scope of Telemedicine regulations in the state of Florida, the Board of Medicine has recently implemented additional changes to the existing Telemedicine rules.

Effective October 26, 2014, Rule 64B8-9.014, F.A.C. - Standards for Telemedicine Prescribing Practice has been **repealed**. The regulations set forth by 64B8-9.014, F.A.C. no longer apply; however, certain provisions within that rule have been carried over into Rule 64B8-9.0141, F.A.C. - Standards for Telemedicine Practice. The amended language for Rule 64B8-9.0141, F.A.C., also effective October 26, 2014, can be read below.

As always, any questions or concerns regarding these changes can be directed to the board office at (850) 245-4131, or **MQA.Medicine@flhealth.gov**.

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 Section 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. This provision does not preclude physicians from ordering controlled substances through the use of telemedicine for patients hospitalized in a facility licensed pursuant to Chapter 395, F.S.

(5) Prescribing medications based solely on an electronic medical questionnaire constitutes the failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably prudent physicians as being acceptable under similar conditions and circumstances, as well as prescribing legend drugs other than in the course of a physician's professional practice.

(6) Physicians and physician assistants shall not provide treatment recommendations, including issuing a prescription, via electronic or other means, unless the following elements have been met:

(a) A documented patient evaluation, including history and physical examination to establish the diagnosis for which any legend drug is prescribed.

(b) Discussion between the physician or the physician assistant and the patient regarding treatment options and the risks and benefits of treatment.

(c) Maintenance of contemporaneous medical records meeting the requirements of Rule 64B8-9.003, F.A.C.

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

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

(9)(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 prehospital 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.

(d) The provisions of this rule shall not be construed to prohibit patient care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including the use of any prescribed medications, nor on-call or cross-coverage situations in which the physician has access to patient records.
Rulemaking Authority 458.331(1)(v) FS. Law Implemented 458.331(1)(v) FS. History–New 3-12-14, Amended 7-22-14, 10-26-14.

Ebola in Dallas: Failure to connect data and story

KIRSTEN OSTHERR, PHD, MPH

The tragic case of Thomas Eric Duncan represents a failure of communication with consequences that extend well beyond the current Ebola crisis. When Mr. Duncan first presented at Texas Health Presbyterian Hospital in Dallas, his recent travel history from Liberia was reportedly ascertained and entered into the hospital's electronic health record (EHR) system. Somehow, this critical piece of information never registered with the physician who diagnosed Mr. Duncan, and in the absence of this vital contextual framework, the list of symptoms was misinterpreted and did not seem to warrant hospitalization. Mr. Duncan was then sent home in his highly contagious state, potentially sparking a chain of infections that could have been completely avoided.

The hospital initially blamed the EHR interface for this oversight, only to retract the statement. Yet, the role of EHRs in either exacerbating or helping to contain the spread of Ebola in the United States was formally recognized on Oct. 17 by an ONC/CDC initiative to use EHRs in Ebola screening. Regardless of how the key data point was missed in Dallas, what happened there was a high-stakes version of a common problem in the U.S. health care system: the failure to connect data and story. Mr. Duncan's biomedical measurements, those nuggets of data elicited by and easily slotted into the drop-down menus of typical EHR interfaces, were captured and transmitted to the medical team. But his narrative, the story of helping to carry a young woman dying of Ebola before travelling to the United States, was left out. This kind of social information about the environmental, root causes of disease is often hard to quantify. It fits poorly into computational ontologies. And so, even when it is on a checklist, it can get left out.

Over a decade ago, Dr. Vimla Patel and her colleagues argued in the Journal of Biomedical Informatics that doctors and patients use different conceptual models to explain sickness and health. Doctors, they argued, are trained to see the patient through a disease model that emphasizes pathophysiology. In contrast, patients understand their experience through an illness model that attends to the ways that being sick disrupts their daily lives. Not surprisingly, disease-model data is privileged in most health care documentation, and consequently, in most health care delivery. With the growing use of EHRs in clinical settings, Patel argued, essential information gets left out of the medical record. Mr. Duncan's case exemplifies the devastating consequences.

As the nation's health systems move into phase 2 of health information technology reform, clinicians will be required to demonstrate "meaningful use" of their government-subsidized EHR systems. At the same time, the Affordable Care Act is moving medicine from a procedure-based reimbursement model to one that is outcome-based. Both of these policies aim to create more patient-centered care. One of the hallmarks of patient-centered care is shared decision-making, a process that deliberately creates space for the patient's illness experience to dialogue with the clinician's disease model. The missteps in Mr. Duncan's treatment show what can happen in the absence of patient-centered care. The U.S. health care system is in the grips of big data fever, but Ebola in Dallas should serve as a grave reminder that data without context is not only meaningless, it can be deadly. It's time to bring patient stories back into the medical record.

Kirsten Ostherr is a professor of English, Rice University, Houston, TX.

New Medical Cannabis Course Available Online

The Florida Physicians Low-THC Cannabis Course (http://www.flmedical.org/Cannabis_Course.aspx) offered by the FMA and the Florida Osteopathic Medical Association is now available online. This is the eight-hour course required by the Compassionate Medical Cannabis Act of 2014 (http://www.flsenate.gov/Session/Bill/2014/1030), successful completion of this course is required before Florida-licensed allopathic and osteopathic physicians may register with the Florida Department of Health Office of Compassionate Use (http://www.floridahealth.gov/programs-and-services/office-of-compassionate-use/) to order low-THC cannabis for qualified patients under the conditions specified by the Act. If you have any questions, contact the FMA Education Department at (800) 762-0233.

Dr. Penelope Ziegler, Peggy Mouracade, MD, LCMS President and Russ Jackson

"Physician Heal Thyself"

was the title of our November 13, 2014 Annual General Membership meeting. Dr. Penelope Ziegler, Medical Director of the Professional Resource Network (PRN) presented a slide show and spoke to the membership and invited guest. Dr. Ziegler spoke about recognizing how to help fellow peers when they have a problem whether emotional, addictive or physical that may cause them to be unsafe to practice medicine, causing harm to the public safety. We would like to thank Dr. Ziegler and Mr. Russ Jackson, Consultant to PRN, for offering a valuable tool for physicians.

Lee County Medical Society

13770 Plantation Road, Ste 1
Fort Myers, FL 33912

CHANGE SERVICE REQUESTED

Together We Are Stronger