Bulletin

Editor: John 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.

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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Inserts:
Medical Professional Student Loan Burden
Korunda Pain Management Center
Fun Run 5k

Calendar of Events

rsvp online at www.lcmsfl.org or call 239-936-1645

LCMSF Wellness 5K and 2K Fun Run / Walk

February 3, 2018 - Lakes Regional Park

See insert for more information

Registration - 7:30 a.m.
5K Race begins - 8:45 a.m.
2K Walk Begins- 9:00 a.m.

Medical Professionals Student Loan Burden

3 keys to getting out from under the Burden of Student Loan Burden

LCMS is collaborating with Alliance Financial Group to bring in well known speaker Joy Sorensen, President of Navigate LLC, (A Top Expert for medical student loans) to speak on Student Loan Help.

February 6 & 7, 2018
6 p.m.
SEE INSERT FOR MORE INFORMATION

Cocktail Hour at Cru

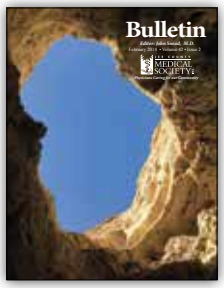
February 9, 2018
6 p.m. - 7:30 p.m.
RSVP to www.lcmsfl.org

Bell Tower Shops
13499 S. Cleveland Ave, Ste 241
Fort Myers, FL 33907

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

Cover Photo
By Peter Sidel, MD

A cave off the Algarve coast, Portugal. This cave is called "love cave". We are looking up from our tour boat at the roof of the cave.



Cover Photo:
Cherrie Morris, MD
Algarve Coast, Portugal

Work-life Balance Tips for Physicians

Physicians Practice, Rena Seltzer, a personal and professional coach in working with physicians.

CUT OUT THE TECH. You don't have to be home every night, but do need to have times when you are fully present with the significant people in your life. Have a "parking lot" for electronics, and agree to certain times of day when everyone puts away their smartphones and other devices.

To be continued in each upcoming Bulletin this year.

Membership News

Moved out of Area
Chetan Vedvyas, MD

New Applicants

Mitko Badov, MD – Dr. Badov received his medical degree from Medical University, Sofia, Bulgaria in 1999. He completed an Internal Medicine residency at Pinnacle Health Hospital, Harrisburg, PA in from 2004-2005. Dr. Badov is in practice with LPG Hospitalist Group, 9981 S. HealthPark Dr., Ste. 159, Fort Myers, FL 33908. Tel: 239-343-2052 Fax: 239-343-5348. Board Certified: Internal Medicine

Neetu Malhotra, MD – Dr. Malhotra received her medical degree from the University of California, Los Angeles, CA in 2006. She completed an Internal Medicine internship and residency at UCLA San Fernando Valley Program, Sylmar, CA from 2006-2009 and a Nephrology fellowship at University of California, San Francisco from 2009-2011. Dr. Malhotra is in practice with Associates in Nephrology, 7981 Gladiolus Dr., Fort Myers, FL 33908. Tel: 239-939-0999, Fax: 239-939-1070. Board Certified: Internal Medicine and Nephrology.

LCMS Friends in Medicine

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.

FineMark National Bank & Trust

Synergy Networks

Bruce VanderLaan Attorney at Law

The Doctors Company

Markham Norton Mosteller Wright & Company, P.A.
Certified Public Accountants / Consultants

LeadingEdge Companies, LLC

President's Message
By F. Rick Palmon

Happy New Year to all! The weather has gotten colder especially up north and all our seasonal patients have returned in full force. Wow! Is it ever busy! Every year I tell myself that I can't get any busier but I do. The hospital is full; the ER is overflowing. Cold and flu season is here and our waiting rooms become culture media for contagion. Like most physician offices, we recommend patients use hand sanitizer and offer face masks for those coughing. The staff does everything they can to reduce infection transmission. My hands are chronically cold from frequent washing. I keep apologizing to my patients after I shock them with a cold handshake. I got my flu shot in September but was disappointed to hear that it may be only 20% effective this year. When we are this busy, we often forget to take care of ourselves. The stress of busy clinic schedules, full OR days, and hospital lists that run for pages combined with the demands of our personal lives can leave physicians vulnerable to burnout. Remember, LCMS has you covered with the Physician Wellness Program, which offers 6 visits with a local psychologist for those in need. Special consideration is given due to our heavily booked schedules so that you can be seen quickly. Our Annual Medical Service awards event and fund raiser financially support this important program. We are also having our first annual LCMS fun run at Lakes Park, February 3. All proceeds to benefit the LCMS foundation which supports the Physician Wellness Program.

I am always optimistic at the start of a new year that we will get changes in our legislative system that will help the practicing physician. We gained removal of the mandate that all Americans purchase health insurance and a reform in the tax code as a Christmas present from the Trump administration. The pundits are all arguing how this will affect us. Changes don't start until 2019. Dr. Marc Siegel, clinical professor of medicine at NYU, recently wrote an interesting editorial in USA Today on strategies to fix Obamacare that made sense to me. He argues that his patients on Obamacare often have high deductibles and are unwilling to have tests and treatments that they cannot afford. Many specialists don't take the insurance leaving few options for referrals. These people have insurance but it is difficult to care for them under this insurance plan. He points out that 80% of people that don't buy insurance make less than $50,000 per year and face a tax penalty that will go away with repeal of the mandate giving them a "tax cut". He argues for a low cost minimal catastrophic health coverage for the healthy, so that if some unexpected illness does arise it will prevent bankruptcy. This would reduce the Congressional Budget Office projection that 13 million more Americans would go uninsured by 2027. But if all the healthy people abandon traditional insurance won't rates soar for those with pre-existing conditions? He argues for generous government subsidies focused on the 5% of the

population that use 50% of the health care dollars. Without a subsidy for the high-risk pool then rates will increase. He further suggests federal government tax incentives geared toward behaviors that reduce health care costs such as gym memberships, smoking cessation, and weight loss programs. In Europe, preventative medicine has been shown to reduce overall cost. Dr. Siegel suggests keeping the parts of Obamacare that are working, including the expansion of Medicaid, Accountable Care Organizations, and the expansion of Federally Qualified Health Centers. Medicaid has its flaws including poor physician reimbursement. In order for Medicaid to work, the waste in the system must be reduced and physician payment increased so that doctors will want to participate. If Medicaid reimbursed at Medicare rates most physicians would accept it. The expansion of Medicaid has done more for covering the uninsured than any other program. It needs incentives to job programs that will allow participants to transition to traditional health insurance. I hope we do not return to 50 million Americans without health insurance that were a burden to our hospitals and Emergency Rooms. Let Americans choose what insurance to buy but also provide for those with pre-existing conditions.

Register online at *www.lcmsfl.org/events*

Ramirez Report

By Julie Ramirez, LCMS Executive Director

The following is a short list of legislative bills that are on the Florida Medical Association's Bill Watch.

FMA Supported Legislation:

Fail First/Prior Authorization (Response time): HB199/SB98 Prohibiting prior authorization forms from requiring certain information; requiring health insurers and pharmacy benefits managers on behalf of health insurers to provide certain information relating to prior authorization by specified means; requiring health insurers to publish on their websites and provide to insureds in writing a procedure for insureds and health care providers to request protocol exceptions, etc.

Retroactive Denial: HB217 Prohibit health insurers & health maintenance organizations from retroactively denying claim. SB162 Prohibiting a health insurer or a health maintenance organization from retroactively denying a claim under specified circumstances, etc.

Maintenance of Certification (MOC): HB81 Prohibits Boards of Medicine & Osteopathic Medicine, & DOH, health care facilities, & insurers from requiring certain certifications as conditions of licensure, reimbursement, or admitting privileges. HB6007 Repeals provisions relating to board-certified specialists. SB628 Prohibiting the Boards of Medicine and Osteopathic Medicine, respectively, the Department of Health, certain health care facilities, and insurers from requiring physicians and osteopathic physicians to maintain certification or obtain recertification as a condition of licensure, reimbursement, or admitting privileges, etc.

Direct Primary Care: HB37 Specifies that direct primary care agreement does not constitute insurance & provides requirements for such agreement. SB80 Authorizing primary care providers or their agents to enter into direct primary care agreements for providing primary care services; providing an exception for primary care providers or their agents from certain requirements under the Florida Insurance Code under certain circumstances, etc.

Motor Vehicle Insurance (Elimination of PIP): WILL SUPPORT WITH 2500 MD SET ASIDE HB19: Creates Responsible Roadways Act; revises security requirements & proof of such security for owners & operators of motor vehicles; repeals Florida Motor Vehicle No-Fault Law. SB150 Repealing provisions relating to application of the Florida Motor Vehicle No-Fault Law; revising requirements for a motor vehicle liability policy that serves as proof of financial responsibility for certain operators or owners; requiring specified motor vehicle liability insurance policies to include medical payments coverage, etc. Effective Date: Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect January 1, 2019.

Recovery Care: HB23 Includes recovery care centers as facilities licensed under ch. 395, F.S.; authorizes AHCA to establish separate standards for recovery care centers; provides applicability of Florida Building Code; provides applicability of licensure requirements. SB250 Revising the definition of the terms "ambulatory surgical center" and "mobile surgical facility"

Baker Act: HB573/SB112 Authorizing physician assistants and advanced registered nurse practitioners to execute a certificate under certain conditions stating that they have examined a person and find the person appears to meet the criteria for involuntary examination, etc.

Nonmedical Changes to Drug Formularies: HB229 Limits changes to health insurance policies' prescription drug formulary during policy year; requires small employer carriers to limit changes to prescription drug formularies. SB360 Prohibiting specified changes to certain insurance policy prescription drug formularies, except under certain circumstances; requiring small employer carriers to limit specified changes to prescription drug formularies under certain health benefit plans; prohibiting certain health maintenance organizations from making specified changes to health maintenance contract prescription drug formularies, except under certain circumstances, etc.

Needle bill: HB579/SB800 Cites act as "Florida Infectious Disease Elimination Act (IDEA)"; authorizes DOH to establish sterile needle & syringe exchange pilot programs upon request from eligible entities, rather than single program established in Miami-Dade County.

Any Willing Provider: HB143/SB174 Prohibits health insurer from excluding willing & qualified health care provider from participating in health insurer's provider network under certain circumstances.

BILLS BEING MONITORED:

Telehealth HB793/SB280: Encouraging the state group health insurance program to offer health insurance plans that include telehealth coverage for state employees; establishing the standard of care for telehealth providers; encouraging insurers offering certain rating plans for workers' compensation and employer's liability insurance, which are approved by the Office of Insurance Regulation, to include in the plans services provided through telehealth, etc.

POLST (Physician's Orders for Life Sustaining Treatment) HB1339 Authorizes EMTs & certain health care professionals to withhold or withdraw cardiopulmonary resuscitation or other medical interventions if presented with POLST forms that contain orders not to resuscitate; provides specified health care providers & legal representatives with limited immunity. SB474 Establishing the POLST Program within the Department of Health; requiring the Agency for Health Care Administration to establish and maintain a database of compassionate and palliative care plans by a specified date; authorizing specified personnel to withhold or withdraw cardiopulmonary resuscitation if presented with a

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POLST form that contains an order not to resuscitate the patient; requiring the Department of Elderly Affairs, in consultation with the agency, to adopt by rule procedures for the implementation of POLST forms in hospice care, etc.

BILLS NEEDING LANGUAGE WORKED ON:

Opioids: HB21 Requires practitioners to complete specified board-approved continuing education course to prescribe controlled substances; defines "acute pain"; provides for adoption of standards of practice for treatment of acute pain; limits prescribing of opioids for acute pain in certain circumstances; requires pain management clinic owners to register approved exemptions with DOH; provides requirements for pharmacists & practitioners for dispensing of controlled substances to persons not known to them; conforms state controlled substances schedule to federal controlled substances schedule; revises & provides definitions; revises requirements for prescription drug monitoring program. SB08-(This bill was submitted by Senator Lizbeth Benacquisto) Authorizing certain boards to require practitioners to complete a specified board-approved continuing education course to obtain authorization to prescribe controlled substances as part of biennial renewal; authorizing disciplinary action against practitioners for violating specified provisions relating to controlled substances; requiring certain pain management clinic owners to register approved exemptions with the department; providing requirements for pharmacists and practitioners for the dispensing of controlled substances to persons not known to them; establishing direct-support organizations for specified purposes; requiring a direct-support organization to operate under written contract with the department, etc.

Internationally Trained Physicians: SB636 (no companion House bill) Establishing requirements to allow certain foreign-trained physicians to obtain a restricted license; requiring the Department of Health to renew a restricted license if certain conditions are met, etc.

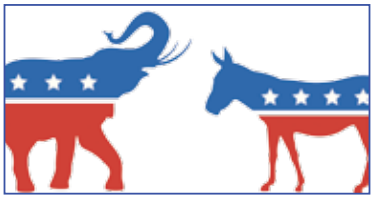
FMA OPPOSED BILLS

Noneconomic Damages: HB6025/SB878 Repeals provisions relating to determination of noneconomic damages & limits on noneconomic damages.

Flu and Strep Shots: HB431 Authorizes pharmacists to test for & treat influenza & streptococcus; provides requirements with respect thereto; requires that written protocol between pharmacist & supervising physician contain certain information, terms, & conditions; requires that pharmacists authorized to test for & treat influenza & streptococcus provide evidence of current certification by Board of Pharmacy to supervising physician; requires that pharmacists submit their written protocols to board. SB524 Requiring a pharmacist testing for and treating the influenza virus and streptococcal infections to maintain patient records using certain standards and for a specified time; requiring a pharmacist seeking to test for and treat the influenza virus and streptococcal infections to obtain certification through a certification program approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine.

PAs and ARNP (signing docs): HB973/SB708 Authorizing a physician assistant to sign, certify, stamp, verify, or endorse a document that requires the signature, certification, stamp, verification, or endorsement of a physician; authorizing an advanced registered nurse practitioner to sign, certify, stamp, verify, or endorse a document that requires the signature, certification, stamp, verification, or endorsement of a physician within the framework of an established protocol and under supervision, etc.

Consultant Pharmacies: HB689 Provides licensure equirements for & revising responsibilities of consultant pharmacists; authorizes board-certified pharmacists to perform certain services under specified supervision. SB914 Requiring a pharmacist seeking licensure as a consultant pharmacist to complete additional training as required by the Board of Pharmacy; authorizing a pharmacist who is certified to administer vaccines to adults to perform specified services under certain conditions, etc.



The statistics don't capture the opioid epidemic's impact on children

By Carol Levine

The epidemic of drug overdose deaths is a national disaster. It claimed more than 64,000 lives in 2016, many of them by opioid overdoses. That's far more than the number of deaths from HIV/AIDS in the peak year of 1995.

My comparing the opioid and HIV/AIDS epidemics isn't just a matter of statistics. Among those of us who were involved in responding to the HIV/AIDS crisis, there is a sense of dismay. We are once again facing a public health crisis for which there is inadequate research, limited funding, and much public stigma. And just as happened in the early years of HIV/AIDS, the impact on children of the opioid epidemic is not getting the attention it deserves.

About half of opioid overdose deaths occur among men and women ages 25 to 44; it's reasonable to assume that many are parents. Imagine the impact on a child when a parent overdoses at home or in a grocery store. Statistics can't tally the trauma felt by a seven-year-old who calls 911 to get help for an unconscious parent, or the responsibility undertaken by a twelve-year-old to feed and diaper a toddler sibling, or the impact of school absences and poor grades on a formerly successful high school student.

Parental overdoses have an immediate impact on children. There's also a cumulative impact as these children become adults and are themselves at risk from the same influences that drove their parents to drugs, overdoses, and early deaths. Who are these children and adolescents

- Newborns whose mothers are addicted to opioids. These babies may undergo withdrawal themselves and need special treatment.
- Children of all ages at risk for accidental ingestion or inhalation of toxic substances.
- Children living with an addicted parent, dealing with constant uncertainty and fear.
- Children who have taken over the role of family caregiver for younger siblings or for their addicted parents.
- Children who are removed from their homes and placed in foster or kinship care. Some of these children have unmet mental health care needs.
- Very young children exposed to toxic levels of stress that impair brain development.

No one knows how many of these vulnerable children there are in the U.S. because no one is counting. As a point of comparison, an advisory group to the British government estimated that there are between 250,000 and 350,000 children of drug abusers in the U.K. — about one for every drug user. The title of its report, Hidden Harm, applies equally well to American children. They remain hidden in families with addiction until a crisis erupts and law enforcement or child welfare agencies get involved.

In 2016, about 274,000 children entered the foster care system, 22,000 more than in 2012.

Many of these children are taken in by grandparents, who may themselves be struggling with illness and poverty. According to U.S. census data, more than 2.4 million grandparents are currently raising grandchildren. Unless they become formal foster parents, subject to an agency's monitoring, these relatives are not eligible for financial or other resources to help them deal with their own or the child's emotional distress and basic needs.

When relatives are unable to take in these children, foster care is the next option. In 2016, about 274,000 children entered the foster care system, 22,000 more than in 2012. One-third of those youngsters were removed from their homes because at least one parent had a drug abuse issue.

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The statistics don't capture

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Responding to the opioid crisis requires action on many fronts. Prevention, treatment, and control of prescription opioids and illegal substances are already on the agenda for adults. But children are rarely the focus of concerted planning and action. Integrating child-centered policies into prevention and treatment programs is essential. We need targeted research that draws from the fields of addiction treatment, child development, family therapy, mental health, child welfare, law enforcement, and others to determine the best evidence-based solutions.

Among the many lessons we learned from the HIV/AIDS epidemic is that it affects more than just newborns or children entering foster or kinship care. Any child whose family life is disrupted by addiction or illness carries a heavy weight — sometimes because they are acting as caregivers to siblings and parents, and sometimes because their peers, teachers, and coaches know nothing about their home lives. Understanding what these young people need requires listening to them, including them in their parents' treatment process, and planning interventions for their own mental health.

In many ways, HIV/AIDS changed our conceptions of family by incorporating nontraditional relationships based on commitment. That needs to be extended to the opioid epidemic. Children whose parents have overdosed, or died from overdoses, need support from grandparents and other relatives as well as from their educators, religious leaders, and community agencies.

Some legal precedents established during the HIV/AIDS epidemic should also come into play today, such as standby guardianships to give relatives or friends legal standing in case a parent is unable to take care of a child. And as in HIV/AIDS, grandparents and other relatives who take on responsibility for these children need financial and other kinds of support.

Perhaps the most powerful lesson from the HIV/AIDS epidemic is the emphasis on linking prevention and treatment to human rights. In the era of opioid overdoses, the rights of children to be protected, nurtured, and educated are fundamental to ensuring their futures.

We must start immediately. With each day that passes, more children lose their parents to addiction — physically or emotionally — and suffer severe mental trauma or become overwhelmed by anxiety. This too is part of the national disaster that we must work to reverse.

Carol Levine directs the Families and Health Care Project for United Hospital Fund, a non-profit based in New York. She was named a MacArthur Fellow in 1993 for her groundbreaking work on the legal, ethical, and public policy aspects of the AIDS epidemic.

Five Ways Physicians Can Stay Buoyant

By Jeff Davidson, executive director of The Breathing Space Institute

To feel alive is to face challenges on a continuing basis. To feel alive in your medical practice is to face challenges times ten!

Despite what some patients think, you are not omnipotent. Contrary to what your family thinks, you don't have an endless supply of energy. If it seems that sometimes everyone is expecting a lot from you, join the club.

While the expectations that others place on us can be burdensome, we don't need to add to the fray by psychologically beating ourselves up over the little things that can potentially cripple us upon a daily basis. Here are some ideas on how to take things in stride and maintain some semblance of balance on a daily basis, despite the myriad of annoying little things that keep popping up:

1. Get a good night's rest. Probably no other tip can be as potentially effective as this one. When you are well rested, you are at your best to handle whatever comes your way. You know that, but how often do you actually take this step toward vital rest on a nightly basis?
2. Build some slack into your schedule. Many highly successful career physicians, in their quest to accomplish even more, sometimes overfill in their calendars and face daily schedules as tight as a drum. If you give yourself some open stretches, up to 15 minutes here and there, you'll find yourself much better able to handle the variety of little things that potentially could trip you up. At least then you'll have a moment of clarity to either handle them, or at least get reflective about them.
3. Become philosophical. There are key phrases you can use almost as affirming type statements that will help you get through the day. One such statement is, "What comes around goes around." One statement that I've adopted over the years is, "Live to fight another day." By that I mean maybe everything isn't going so well today, but what can I take care of, so that another day will go better given, that I've already taking care of some issues today?
4. Seek help. Whether it's with your existing office staff, part-time staff, or resource specialists you can bring in, or your family, friends, relatives, don't be afraid to ask for help. You'd be surprised how eager others might be to offer to you help, especially if it's been a long time (or never) since you've asked
5. Emulate the practice of other professionals. Take a mental health day. This is more than merely taking a vacation day. During such days you don't necessarily need to go anywhere. Perhaps you stay home all day and read, or sit in a hammock. It's your choice, it's your life.

New study shows physicians bring economic health to our communities

The American Medical Association has just released the 2018 AMA Economic Impact Study that shows the extent to which physicians drive the national and state economies and support their local communities. Offering a clear picture of the vast network of local jobs and local investments that physicians support, the study's findings include:

Economic activity: Physicians generate $2.3 trillion in economic output, comprising 13 percent of the national economy.

Jobs: Physicians' economic investment supports 12.6 million jobs nationwide — more than 17 jobs for each physician on average.

Wages and benefits: Physicians contribute $1 trillion in total wages and benefits paid to workers across the country, empowering a high-quality, sustainable workforce.

State and local tax revenue: Physicians and the workforces they support generate $92.9 billion in state and local tax revenue for their communities — revenue that enables community investments.

Physicians create an economic ripple effect in their communities

Every dollar applied to physician services supports an additional $1.84 in other business activity.

An additional 11 jobs — above and beyond the clinical and administrative personnel that work inside the physician practices — are supported for each 1 million dollars of direct output produced by a physician's practice.

Physicians contribute more to the national economy than legal services, home health care, higher education, and nursing home and residential care.

Supporting physicians benefits local economies

In a health care environment that is currently undergoing many changes, this study underscores and quantifies for lawmakers, regulators and policymakers the importance of supporting the physician workforce. Communities benefit directly from a positive practice environment for physicians, and it is critical to protect and improve the programs and policies that help support physician practices.

To learn more about the economic contributions physicians make in your state and across the country, view the 2018 AMA Economic Impact Study online.
https://www.physicianseconomicimpact.org

Disaster Preparedness for Your Medical Practice

By Julie Brightwell, JD, RN, The Doctors Company

Recent fires, hurricanes, and floods nationwide have highlighted the importance of planning for disasters. Wildfires in California forced several physicians to quickly relocate their practices some permanently and to move scheduled procedures to different facilities. Hurricane and flood damage in Texas and Florida left practices without power for days or even weeks. Is your practice prepared for this type of situation?

A disaster can overwhelm a medical practice, with damage that can include shattered windows, flood debris, power outages, disrupted telephone systems, computer and system outages, unsafe drinking water, destroyed medical records, medication exposure to temperature and humidity extremes, contaminated instruments, and building structure failure.

Disaster preparedness requires a continuous cycle of planning, organizing, training, equipping, rehearsing, and evaluating. Physicians are critical participants in disaster preparedness, ensuring that patient care and critical services are not interrupted — especially for at-risk individuals who may have special medical needs.

Disaster preparedness requires a continuous cycle of planning, organizing, training, equipping, rehearsing, and evaluating.

Plan Ahead Now

Before the next disaster strikes, make sure your practice has a plan in place. A checklist, ordered by priority and customized to specific types of disasters, can provide the framework for a comprehensive plan. The checklist should include these elements:

- A full-circle call tree that outlines who contacts
- Instructions for setting up instant messaging technology that enables staff to communicate without a wireless network or cellular data connection.
- Instructions for securing records of patients undergoing diagnostic testing and a list of outstanding diagnostic studies.
- Guidelines for maintaining Health Insurance Portability and Accountability Act (HIPAA) compliance. Although the HIPAA Privacy Rule is not suspended during a natural disaster or other emergency, the Secretary of Health and Human Services may waive certain provisions of the Privacy Rule.
- A Certificate of Insurance for your medical malpractice coverage, or instructions for contacting your agent or insurer directly to obtain proof of coverage. This document will be necessary if you are forced to temporarily relocate your practice or procedures.
- Verification that home health agencies caring for your patients have plans in place to provide adequate services in a disaster.
- Steps to follow upon returning from evacuation.

When Disaster Strikes

Planning today makes accomplishing the following tasks more feasible during a disaster:

Communication

- Contact staff immediately to determine realistic return-to-work time frames.
- Notify external vendors and business associates of your practice interruption and targeted resumption of operation.
- Implement staff briefings at the beginning and end of each day.
- Create temporary phone, fax, and answering services.
- Establish patient telephone triage.
- Implement temporary controls to ensure HIPAA compliance.

Computers and systems

- Contact computer service vendors to ensure integrity and recovery.
- Verify insurance coverage for repair or replacement costs and losses.
- Evaluate applicable warranties and consider an information technology restoration service contract.
- Inventory and document hardware and software.
- Document the type and extent of both lost electronic and paper data.
- Ensure data back-up and periodically test compliance.
- Reestablish filing systems and internal programs.

Medical records

- Determine the extent of damage to, or loss of, patient records and filing systems.
- Attempt to restore all damaged charts and document inventory findings.
- Notify the state medical board for specific guidance pertaining to lost or damaged records.
- Document all efforts to restore and protect existing records.

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- Reconstruct lost charts at the next patient encounter.
- Contact your insurance carrier for restorative services and/or claim procedures.
- Reestablish a filing system and temporary storage if necessary.
- Obtain legal guidance for patient notification during recovery efforts.
- Contemporaneously date and initial all late entries and duplicate information in context of recovery efforts.

In addition, create an inventory of all equipment and medications that may have been exposed to water or extremes in temperature. Repair, replace, or discard damaged items appropriately.

Once your plan is in place, regularly reevaluate its steps and update all contact information. Practice and rehearse the plan's protocols. An effective disaster preparedness plan will help keep your practice focused on delivering care during an emergency.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

Need help with life's difficulties?

Please visit our website at:
www.lcmsfl.org/pwp

LEE COUNTY MEDICAL SOCIETY INC.
13770 Plantation Road, Suite 1
Fort Myers, FL 33912

CHANGE SERVICE REQUESTED

Happy Valentine's Day

Together We Are Stronger