Bulletin

Editor: Mary C. Blue, M.D.
January 2017 • Volume 41 • Issue 1

LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

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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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Cover Photo by:
Dirk Peterson, M.D.
"Like trying to herd cats" Kanifinolhu, Maldives

Calendar of Events

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

January 27, 2017
6 p.m. Social • 7 p.m. Program
Seventh Annual Medical Service & We Care Awards

Lexington Country Club
16257 Willowcrest Way
Fort Myers, FL 33908
tickets are $50 per person
(Proceeds go to We Care & LCMS Foundation)

January 13, 2017 - Cocktail Hour at Cru
6:00 - 7:30 p.m.
Bell Tower Shops
13499 S. Cleveland Ave, Ste 241
Fort Myers, FL 33907
New Members introduction

LCMS Cocktail hour
will be every 2nd Friday of each month

Membership News

NEW APPLICANTS

Khaza Chowdhury, MD – Dr. Chowdhury received his MD degree from Sir Salimullah Medical College, Dhaka Bangladesh in 1997. He completed an internship and residency at Atlantic Regional Medical Center, Atlantic City, NJ from 2004 – 2007. He is in practice with LPG Hospitalists, 13681 Doctor's Way, Fort Myers, FL 33912 Tel: 239-343-1000. Board Certified: Intenal Medicine.

Sarah Eccles-Brown, MD – Dr. Eccles Brown received her MD degree from New York Medical College, Valhalla, NY in 2008. She completed an internship and residency at San Antonio Uniformed Services Health Ed. Consortium, San Antonio, TX from 2008 – 2012. She is in practice with Elmquist Eye Group, 12670 New Brittany Blvd., Suite 102, Fort Myers, FL 33907 Tel: 239-936-2020. Board Certified: American Board of Ophthalmology.

Ronnie Word, MD – Dr. Word received his MD degree from Central University of Venezuela Luis Razetti School of Medicine, Caracas, Venezuela in 1991. He completed internships at Jackson Memorial Hospital, Miami, FL from 1995-1997 and at Hospital Sirio Libanes, Sao Paulo, Brazil from 1997-2000. He completed his residency at Marshfield Clinic, Marshfield, WI from 2000-2004 and a vascular and endovascular fellowship from 2004-2006 at the University of Iowa, Iowa City, IA. Dr. Word is in practice with LPG Vascular Surgery, 8380 Riverwalk Park Blvd., Ste 100, Fort Myers, FL 33919 Tel: 239-343-9960. Board Certified: General Surgery, Vascular Surgery, Vascular ultrasound (RPVI).

Rishi Ramlogan, MD - Dr. Ramlogan received his MD degree from the University of The West Indies, St. Augustine, Trinidad in 2003. He completed an internship at Mount Sinai School of Medicine in New York City, NY from 2005-2007 and a residency at New York Medical College, New Rochelle, NY from 2007-2010. Dr. Ramlogan completed a fellowship at Danbury Hospital in Danbury, CT from 2010-2011. He is in group practice with Surgical Healing Arts Center, 6150 Diamond Centre Ct. #1301, Fort Myers, FL Tel: 239-344-9786. Board Certified: American Board of Surgery

Gamini Sooriyaarachchi, MD, MBA–Dr. Soori received his MD degree at University of Ceylon Medical School, Columbo, Sri Lanka in 1970. He completed an internship at University of Ceylon Teaching Hospital, Columbo, Sri Lanka from 1970-1971. Dr. Soori completed residencies at Guildford Hospital, Guildford, St. Helens Hospital, St. Helens and Royal Marsden Hospital & Institute of Cancer Research, London, U.K from 1971-1975. He completed a fellowship at University of Wisconsin Comprehensive Cancer Center, Madison, WI from 1975-1977. Dr. Soori is an LCMS Associate Member. Board Certified: Internal Medicine, Hematology and Medical Oncology.

Resigned
Evgeny Krynetskiy, MD
Michael Raab, MD

LCMS Member Dues

The 2017 LCMS membership dues were payable by January 1, 2017. You or your group can pay at http://www.lcmsfl.org/en/join or call 239-936-1645. To pay your FMA dues, go to flmedical.org, and to pay your AMA dues go to ama-assn.org.

President's Message

By Jon Burdzy, D.O.

Greetings and Happy New Year! I wish health and happiness to all of you in 2017 and look forward to serving you as President of the Lee County Medical Society.

The deadline for submitting the monthly President's Message is the 10th of the month before publication. So as I write this, the new year is not yet upon us, nor any of the other winter holidays. If you are a follower of Advent traditions we are in the midst of a time of hope and joyous expectation. On a secular level perhaps we can put our cynicism aside for a while and look to the changes 2017 will bring with hope and if not joyous, at least lukewarm, expectation.

As I write this:

President-elect Trump is in the process of naming his cabinet. Hope flows from the physician perspective with Dr. Tom Price (a Georgia orthopedist) for Secretary of Health and Human Services and Dr. Ben Carson (a Hopkins neurosurgeon) for Secretary of Housing and Urban Development. I would need confirmation, but I believe this is the first time two physicians will serve in the same Presidential Cabinet. Also of note is the appointment of Seema Verma as head of the Centers for Medicare and Medicaid Services. Both Price and Verma hold views far different from these posts current occupants and ideas at odds with the Affordable Care Act. Change is afoot, but the particulars are cloudy.

I also just finished a full afternoon and evening of meetings.

The first set of meetings was a planning session for Physicians' Primary Care, my medical group. We discussed internal issues and proprietary company stuff, but also listened to expert presentations on MACRA and physician burnout. MACRA will be complex, especially for small practices. But as with MU, PCMH and all of the other acronyms, we will learn to navigate our way through.

Physician burnout frightens me more than MACRA. Estimates vary, but almost half of physicians feel burned out. This cuts across specialties, genders, experience levels, and practice settings. It is endemic. Physicians experiencing burnout make more medical errors and become alienated, not only from their patients, but also from their loved ones and themselves. Each year 300-400 physicians commit suicide. Imagine how much more effective we could be in treating our patients if we ourselves were healthier.

Then followed two meetings at LCMS.

The first was for the Annual Medical Service Awards (AMSA). The AMSA awards will be an amazing event this year, very high caliber winners, all well deserving of honor. This year we are partnering with United Way and the Salvation Army in transforming our banquet into a fundraiser for the We Care program. Please join us on January 27th at Lexington Country Club.

The second meeting was for the Physician Wellness Program. This program, under the leadership and vision of Dr. Shari Skinner, is in the process of establishing relationships with local psychologists who will be emergently available to any physician should the need arise. Visits will be arranged privately and will be financially supported by the LCMS. We lost one of our colleagues to suicide in 2015 and fear that with the ever increasing levels of burnout in our profession others may be at risk. A foundation has been established in order to help fund and sustain this initiative. More information will follow within the next few months.

2017 will be a year of great change for both our nation and our profession. Of course, this can be said every year, but the forces now facing us: new reimbursement schemes, a President-elect vastly different from any in living memory, and the 'animal spirits' unleashed during the recent election cycle, promise changes far greater than many of us expect. I remain cautiously optimistic.

Be well!
Jon

The Ramirez Report

By Julie Ramirez, Executive Director

On December 2, I had the pleasure of accompanying Dr. Skinner and 3 other county medical society executives to the Florida Board of Medicine meeting in Kissimmee, FL. The purpose of our visit was to present to the Board our upcoming plans of starting a Physician Wellness Program. This program is aimed at alleviating Physician burnout, stress, anxiety and depression. The Board asked a few logistical questions and were pleased to hear that each county, although unique, will ensure that appropriate care is received when needed.

Millennial Medicine: Perspectives from the Ethos of the Millennial Generation

By Clay Duval, M.D.

I remember those mornings waking up on the mysterious Solentiname Islands of Lake Nicaragua; the aroma of fresh Central American coffee jarred me awake, and a revitalizing breakfast of fresh-picked papaya and gallo pinto were a welcome reminder that I was certainly far from my native Texas. A simple gaze across the tropically bucolic landscapes not only expanded my appreciation of how beautiful this world can be, but also reinforced how much globalization has changed it.

Back in those days during a semester abroad in Central America, I merely dreamed of one day becoming a physician. And yet this week that eerie sense of Déjà vu and an uncanny sense of awe took hold of me as I realized that not only has that dream come true, but that I will likely be returning to Nicaragua to serve. One of the most admirable aspects of the FSU Family Medicine Program here in Fort Myers is its emphasis on serving the underserved - both locally, within the state and even worldwide. In fact, even as I write this, FSU physician Dr. Christina Cavanagh and a team of our fine FSU residents are in Nicaragua participating in a medical outreach!

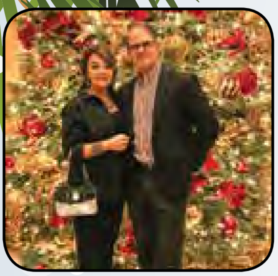
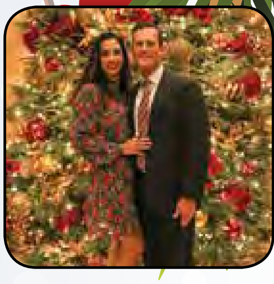
Global medical missions are only one of myriad ways in which globalism is affecting the practice of the modern physician. A week before this article was written, Dr. Cavanagh gave the resident physicians an academic lecture on Global Health. We discussed Global Health inequities and the movement of many noble physicians to do their part to bring help to communities in need of improved health outcomes. While we did discuss the many challenges of creating long-term sustainable change through global partnerships, the over arching spirit of the conversation was so encouraging and so humbling. We as health providers have been gifted with so much - and as a wise man once said "To whom much is given, much more will be asked".

The globalization of society has also allowed for increased diversity in medicine; not only ethnic diversity but also diversity of training, clinical and life experiences. A look at our residency program reveals this. We have talented physicians serving us here from all over the world; one physician grew up here in Fort Myers, another has roots in Cairo, Egypt while yet another has escaped that arctic hinterland known as Canada to find sunnier skies here in Southwest Florida. Some completed their medical training entirely in the United States and others had components of it in international settings.

Some came to medicine from a background in professional sports, others from the world of business and yet others from serving in our armed forces. This diversity strengthens us all. It binds us together as clinicians and reminds us of the common impetus which drives the good of humanity - to live, to love and to care for each other in sickness and in health. It strips away the barriers that often divide us and reveals to us what can be accomplished when we strive towards that common good. It's a beautiful thing.

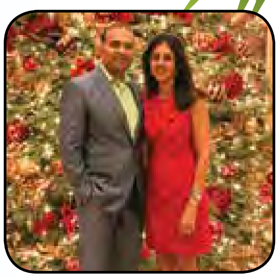
DECEMBER PHOTOS

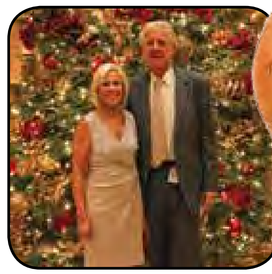
Holiday Party at Gulf Harbour Yacht & Country Club, December 5, 2016

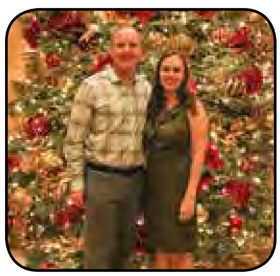
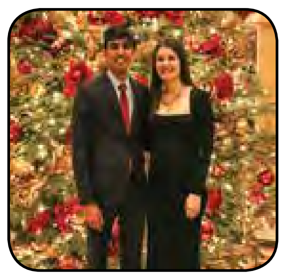




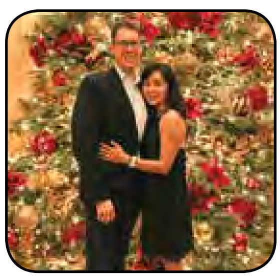






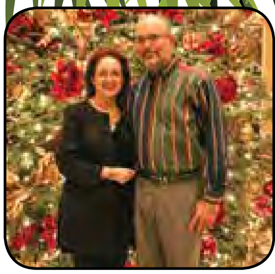


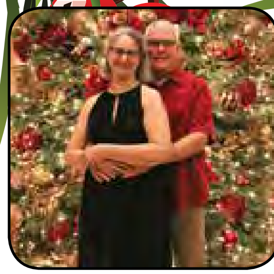






December Photos, cont'd

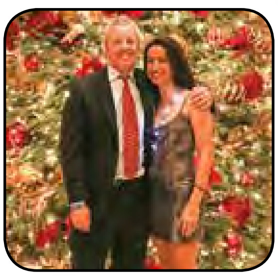






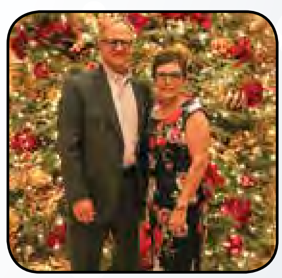


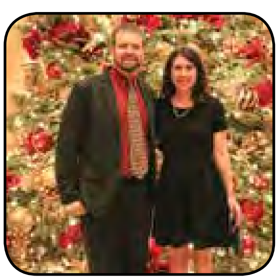









Watch for the Signs: Screen all Patients for Suicidal Thoughts

by Robin Diamond, MSN, JD, RN, Senior Vice President, The Doctors Company MSN

The suicide of a patient is a tragedy for any physician. Patients with suicidal thoughts or ideation appear occasionally in physician encounters. The Joint Commission recently noted that the rate of suicide is increasing, and suicide is now the 10th leading cause of death in the United States. Most people who commit suicide received healthcare services in the year prior to death, usually for reasons other than mental health issues or suicidal thoughts. It's a strong reminder that any patient — no matter what issue is being treated and in any setting — could be at risk for suicide.

The patient's well-being should be the primary concern, but physicians also must consider the potential legal liability that can come from failing to adequately screen patients for suicide risk and taking the proper steps when needed. The remorse a physician may face over missing signs can be compounded by legal action claiming the physician is accountable for the patient's demise. A consistent and formal screening process, plus a response plan, will protect both the patient and the physician.

Case Study: Reviewing Patient's Full History Is Key

A recent case illustrates how even if the patient denies suicidal ideation when asked, the physician could be held liable for the suicide if there were other risk factors to consider. The case involved a 60-year-old woman with chronic back pain from an auto accident 10 years earlier, treated by her family practitioner over several years for pain, depression, and hypertension. Prior to her death, the woman had three appointments with the doctor over nine months for insomnia, pain medication adjustment, antidepressant medication monitoring, and blood pressure checks.

The notes from the last encounter state: "No energy; insomnia; denied suicidal thoughts and denied feeling depressed." Six days later, the patient overdosed on a combination of sleeping medication and anti-anxiolytics. Notes in the medical record from the next-to-last appointment said the patient "complained of insomnia; increased depression and increased anxiety; referral to psychologist." However, she did not see the psychologist and the family practitioner's office did not follow up. The defense experts said that the doctor should have considered the entire history instead of just the last visit and concluded the patient was at risk of suicide.

How to Help Prevent Tragedies

These are some key strategies for ensuring that a physician practice or hospital is sufficiently addressing suicide risk in patients:

- Establish a formal policy on screening and responding to suicide risk. Establish a policy that stipulates what screening will be done and how to respond to suspected risk. All employees should be trained. The policy should include front desk staff and other non-clinicians, who may pick up on signs that the patient could be suicidal.
- Implement an effective screening process. The questions typically asked on intake can be more of a formality than a true screening. Ask specific questions that can reveal situations that might put the patient at risk for depression and suicide. Examples include asking whether the patient can reveal situations that might put the patient at risk for depression and suicide. Examples include asking whether the patient has recently experienced the loss of a family member, a change in marital status, a change in jobs, sleeping difficulty, or loss of appetite.
- Connect with the patient. If in the screening process, the patient demonstrates suicidal tendencies or it's suspected that the patient may be suicidal, refer the patient immediately to a mental health professional or ask the patient's permission to contact family members or outpatient treatment providers.
- Do not be deterred by HIPAA. The patient privacy law can leave clinicians thinking that they may not discuss their concerns about suicide with the patient's family. The patient can give permission for the physician to talk to others about his or her healthcare, and refusal to grant that permission might be considered another sign of suicidal risk.
- Establish a relationship with mental health professionals for referral. In a hospital setting, the physician should always know who is on call for patients with psychiatric risks. In other settings, the physician should establish a referral relationship with at least one or two professionals who can be called as needed. Be sure to document when and how the contact was made and any follow-up. Remember that simply advising the patient to seek help is insufficient. Contact the mental health professional directly and arrange for the patient to be seen quickly. Be sure to follow up to confirm that the patient has seen the mental health professional.
- Establish safety procedures for the patient who may be suicidal. Once this risk is established, the clinician is responsible for protecting the patient from self-harm. That means keeping the patient away from sharp objects, medications, and bed sheets. Having the patient wait in a typical exam room may not be safe because the patient would have access to scissors, scalpels, needles, and other such items. When appropriate, ask the patient to put on a hospital gown and remove from the room the patient's shoelaces, belt, and any other items that could be used for harm.
- Monitor the patient closely. If feasible, have staff or the patient's family monitor the patient continuously, in person or on video, until the next step of care. If continuous monitoring is not possible, check on the patient frequently. Carefully document the monitoring procedure, including frequency and type as well as observed patient behaviors.
- Call for help if needed. Call for additional help if the facility has no ability to isolate the patient from dangerous items or provide adequate monitoring, and also if the patient has already left against medical advice. State laws vary regarding how and when a patient may be held against their will.

Note: *In addition to her legal experience, Robin Diamond has a master's degree in psychiatric nursing from Vanderbilt University.*

Reference

1Detecting and treating suicide ideation in all settings. The Joint Commission. https://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf. Accessed November 14, 2016.

Life As A Resident

by Amanda Danley, M.D., FSU/LMHS Medical Residency Program

It has been six months since we started this journey as new resident physicians. Six months of long days and long nights. Six months of surprising results and impossible decisions. Six months of lives beginning and lives ending. Six months of learning what it really means to be a physician. Six months that have made it very clear to me, that I work with some of the most wonderful people I have ever met. I have truly enjoyed residency so far, and not only am I learning about medicine daily, I am learning about life, human nature and how to function as a "grown-up." There are a few moments in particular that have really shaped my experience thus far. These, I know, I will remember for a lifetime.

I had a patient once ask me, as I was walking out of his hospital room, "do you want to switch places?" I paused for a second, laughed with him, wished him a good day and walked away. The weight and reality of his question really made me pause. How do you respond to a question like that? When I ask myself that question, what is my answer? How many days, do those of us in the healthcare field, wish we were in a different setting? Maybe one that allowed us just a bit more freedom? I know that many days I have been envious that my shifts are not always 9-5, that it isn't easy to call in sick and that I don't necessarily have every holiday off. But amongst all of this inconvenience, have I even thought about the fact, that my patient is in the hospital away from their loved ones during the holidays? Have I considered that my patient needs to stay overnight when I get to go back to the comforts of home?

I think if any of us were asked the question about switching places, we would say 'no'. We would not choose to be the patient if we had the option. We may often be desensitized to the hardship a hospitalization or illness might be because we see it every day. But in this case, when this man asked me to switch places, it made me painfully aware of how difficult this can all be for our patients.

I am grateful to have mentors and co-workers who challenge me to be aware of situations like these. Situations that may easily be forgotten, but when not, can provide little bits of truth to help navigate the waters of this career. I have the pleasure of working alongside individuals who have challenged me to learn good medicine, to learn patience and to learn to truly care for my patients as people. We must remember and always be aware that our patients are fighting battles that we cannot always fully understand. We must always remember to exercise compassion in all that we do, it is what truly allows us to connect with someone.

The past six months have made me extremely thankful for the place that I am in, the people that I am with and the time that I spend with my patients. It is a great honor to be trusted by people who are in some of the darkest and vulnerable moments of their lives. We must remember this is an honor, not an inconvenience. Amidst all of the noise and difficulty, there is still good in all of this.

LCMS Welcomes Our New Friend in Medicine - Bruce H. Vanderlaan, Attorney at Law

by Bruce Vanderlaan, Attorney at Law, P.A.

Health care practices are unique businesses in America. They face so many more challenges than other businesses, as they are subject to the control of governmental agencies, Boards, and Departments, and someone else, often with no health care experience, makes the decisions about how much you can charge for your services. One study showed that health care practices are affected by over 10,000 laws, rules, and regulations.

HIPAA, STARK, MEDICARE, and MORE

The practice of Bruce H. Vanderlaan, Attorney at Law, P.A. focuses on both the compliance side and the business side of health care practices. We can cover the regulatory side including personally doing the mandatory site inspections, preparing the plans, training the providers and staff, and we are always available to answer questions.

THE BUSINESS SIDE

Health Care Practices must be businesses too. I myself grew up in business, working with my father in his retail stores from the time I was 9 years old. My undergraduate education and training are in business, and I have run and advised many businesses over the years, from one person service organizations to major corporations.

We can form the practice with the right type of entity; provide and advise on Physician and employee contracts and Non-Compete Agreements; facilitate sales, mergers, acquisitions, and purchases of practices; negotiate contracts; and, plan for the long-term.

CONCIERGE LAW

General Counsel

I hate hourly billing. It is an inherent conflict between the lawyer and the Doctor. My practice is set up on a flat fee or flat monthly retainer basis. We want to give our clients certainty over what their legal bills will be, while at the same time be available whenever there is a need to talk. We will come to you, and we will be there when you need us.

THERE FOR YOU

More than one LCMS member can attest to the fact that I will be available to answer questions from foreign countries, ski mountains, and even the deep blue sea. I have many family members in medicine, and close friends too. One of my closest friends in an interventional radiologist; my wife is a physician assistant, and I am fortunate to have many friends in the medical and dental communities. I have a strong desire to help and protect health care providers. We believe that by working with us ahead of time you can avoid a fight with others down the road.

Bruce H. Vanderlaan, Attorney at Law, P.A.
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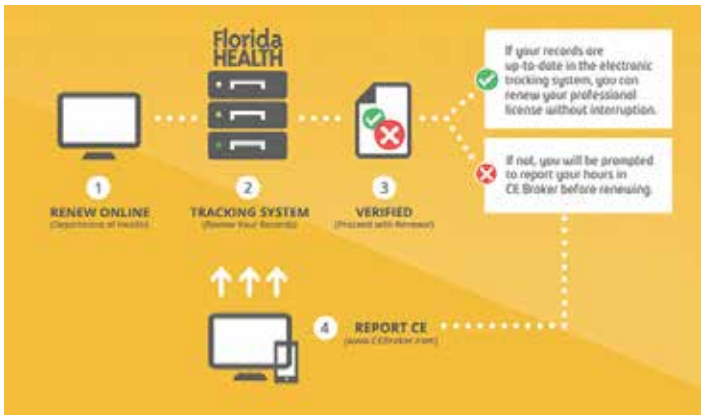
FL DOH: Are You "Renewal Ready"?

by Florida Department of Health (FL DOH)

"Renewal Ready" Process Is Easy

The Florida Department of Health will now verify your continuing education records with CE Broker when you renew your professional license.

When you go to renew your license online, the electronic tracking system will check the records to see if you have already taken the required continuing education or not. If your records are up-to-date, you will be allowed to renew your professional license promptly.



The process is actually automatic as you can see from this flowchart from the Florida Health website:

If the records are incomplete, the practitioner will be prompted to enter their remaining continuing education hours before proceeding with their license renewal.

To avoid any confusion, it is helpful to check with CE Broker to verify that your credit hours have all been posted correctly to your account, before you pay your dues.

While there are several types of paid accounts with CE Broker, the Free/Basic Account is all you will need to verify your status and/or amend the records.

Links for CE Broker
(Free / Basic Account is all you need)
https://www.cebroker.com

from your desktop: http://CEBroker.com
https://www.cebroker.com/public/pb_enter_license_number.aspx?Type=BASIC_ACCOUNT_REGISTRATION

There is a handy mobile app for i-phone or android here:
http://www.ceatrenewal.com/#mobile-ce

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CHANGE SERVICE REQUESTED

2017 Positive Attitude

Together We Are Stronger