Bulletin

Editor: Ellen Sayet, M.D.
January 2019 • Volume 43 Issue 1

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

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

Table of Contents

Calendar of Events 2
Meeting & CME Information 3
Member News 4
Presidents Message 5
Holiday Party Photos . . . . . 6 & 7
U.S. Surgeon General Discusses Opioid Epidemic . . . . 8, 9 & 10
As I Recall 11
Via the Revolution 12
The Ramirez Report 14
2019 LCMS Officers 15
Inserts:
Joan Crompton, PA DBPR Realtor

Photo Cover
by Ed Guttery, M.D.

MEMBER NEWS

We are requesting that if you have information that you would like to share regarding yourself or your practice, to please e-mail kris@lcmsfl.org. You will be featured in our upcoming Membership Spotlight section.

Events RSVP online at www.lcmsfl.org

Friday, January 11, 2019 - Cocktail Hour
Ford's Garage - 1719 Cape Coral Pkwy E., Cape Coral, FL 33904
6:00 p.m. - 7:30 p.m.

Monday January 14, 2019 - CME - Safe Opioid Prescribing
Lexington Country Club - 16257 Willowcrest Way, Fort Myers, FL 33908
6:00 p.m. - 8:00 p.m.

Friday, January 25, 2019 - LCMS 2019 Installation of Officers
13051 Bell Tower Drive, Fort Myers, FL 33907
Social 6:00 p.m. - Installation 7:00 p.m.
with Buffet Dinner to Follow

SAVE THE DATE

Saturday, March 16, 2019
Second Annual Fun Run

Friday, September 20, 2019
Annual Medical Service Awards

Have you completed your REQUIRED CME hours?

LEE COUNTY MEDICAL SOCIETY

Offers you the opportunity to complete your

REQUIRED CME for Controlled Substance Prescribing in Florida

ACCME ACCREDITED WITH COMMENDATION

Opioid CME Lecture & Dinner

Provided by Lee County Medical Society
In Partnership with Florida Emergency Medicine Foundation (FEMF)
and Florida College of Emergency Physicians (FCEP) Presents:

FMA ACCREDITATION PROGRAM

Safe Opioid Prescribing for Acute Pain

Monday, January 14th, 2019 - 6:00pm to 8:00pm
Lexington Country Club - 16257 Willowcrest Way - Fort Myers, FL 33908

Registration online only at **https://lcmsfl.org**

LCMS Members Free - LCMS Retired Members $25 - Non-LCMS Members $75

Special Guest Speaker: Aaron Wohl, M.D., LMHS Emergency Physician
Topics to be discussed in this Continuing Medical Educational: Opioid CME Lecture & Dinner

Membership News

NEW APPLICANTS

Dr. Tanya Anim, MD – Dr. Tanya Anim received her medical degree from Florida State University College of Medicine, Tallahassee, FL in 2010. She completed a Family Medicine internship and residency with Halifax Health Family Medicine Residency Program, Daytona Beach, FL in 2013. From there, she completed a Women's Health and OB focused fellowship at Florida Hospital Family Medicine Residency Program, Orlando, FL in 2014. Dr. Anim is in practice with FSU Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel 239-343-3831 Fax: 239-343-2301. Board Certified: Florida Medical Board.

Michael Applebaum, MD – Dr. Michael Applebaum received his medical degree from the Medical College of Ohio, Toledo, Ohio in 1978. He completed an Internal Medicine residency at Riverside Methodist Hospital, Columbus, OH from 1978-1981. Dr. Applebaum is in practice with LPG Internal Medicine, 23450 Via Coconut Point, Estero, FL 34135. Tel: 239-468-1000 Fax: 239-343-4056. Board Certified: Internal Medicine.

John Arcuri, MD- Dr. John Arcuri received his medical degree at Albany Medical College, Albany NY in 1981. He completed an Internal Medicine internship and residency at Rhode Island Hospital, Providence, RI in 1984. Dr. Arcuri is in practice with Lee Convenient Care, 1682 NE Pine Island Rd., Cape Coral, FL 33909. Tel: 239-424-1655 Fax: 239-424-1651. Board Certified: Internal Medicine and Emergency Medicine.

Anthony Brown, MD – Dr. Anthony Brown received his medical degree from New York Medical College in 2008. He completed an Internal Medicine internship and a Neurology residency at University of Texas Health Science Center at San Antonio from 2008-2012. Dr. Brown is in practice with Florida Neurology Group, 12670 Whitehall Drive, Fort Myers, FL 33907. Tel: 239-936-3554 Fax: 239-936-8993. Board Certified: Psychiatry and Neurology.

Jason Cesario, MD – Dr. Jason Cesario received his medical degree at St. George's University, Grenada, West Indies in 2007. He completed an OB/GYN internship and residency at Tulane University, New Orleans from 2007-2011. Dr. Cesario is in practice with LPG OB/GYN, 16271 Bass Road, Fort Myers, FL 33908. Tel: 239-343-7100 Fax 239-343-7190. Board Certified: Obstetrics & Gynecology.

Bryan Funari, MD – Dr. Bryan Funari completed his medical degree at West Virginia University School of Medicine, Morgantown, WV in 2001. He completed a Pediatric internship and residency at University of Kentucky in 2004. From there, he completed a Pediatric Cardiology fellowship at Children's Hospital of Pittsburgh in 2007. Dr. Funari is in practice with Golisano Children's Hospital, 16281 Bass Road, Ste. 304, Fort Myers, FL 33908. Tel: 239-343-7490. Fax: 239-343-5032. Board Certified: Pediatrics and Pediatric Cardiology.

Sarina Lumapas, MD – Dr. Sarina Lumapas received her medical degree from CEBU Doctors' University College of Medicine, Philippines in 1993. She completed a general internship at CEBU Doctors' Hospital, Philippines in 1994 and a Obstetrics and Gynecology residency at Howard University Hospital, Washington, DC in 2010. Dr. Lumapas is in practice with LPG OB/GYN, 636 Del Prado Blvd., Cape Coral, FL 33990. Tel: 239-424-2060 Fax: 239-424-2061. Board Certified: Obstetrics & Gynecology.

Andre Nye, MD – Dr. Andre Nye completed his medical degree at Albany Medical College, Albany NY in 1997. He completed a Family Medicine residency at Lancaster General Hospital in Lancaster, PA from 1997-2000 and an OB/GYN fellowship at Family Medicine Spokane, Spokane, WA in 2004. Dr. Nye is in practice with LPG Family Medicine, 5705 Lee Blvd., Ste. 1, Lehigh Acres, FL 33971. Tel: 239-343-1800 Fax: 239-343-4041. Board Certified: Family Medicine.

Justin Tennyson, MD – Dr. Justin Tennyson received his medical degree from University of Minnesota Medical School in 2013. He completed an Emergency Medicine residency at University of Pittsburgh, from 2013-2016. Dr. Tennyson is in practice with LPG Emergency Medicine, 2776 Cleveland Ave., Fort Myers, FL 33901. Tel: 239-343-2606 Fax: 239-343-3695. Board Certified: Emergency Medicine.

David Terwilliger, DO – Dr. David Terwilliger received his medical degree from Touro University Nevada, Henderson, NV in 2010. He completed a General Surgery internship and residency at Largo Medical Center, Largo, FL from 2010-2015. Dr. Terwilliger is in practice with LPG General Surgery, 708 Del Prado Blvd., S., Ste. 6, Cape Coral, FL 33990. Tel: 239-424-2755 Fax: 239-424-2736. Board Certified American College of Osteopathic Surgeons (ACOS).

Retired
Paul Yudelman, MD
Mark O'Konski, MD
Richard Pry, MD

Reactivated Member
Joseph Salaz, MD - Retired

President's Message
By Daniel de la torre M.D.

I sometimes think back to a med school attending who told me "if you don't make friends with change now you will be a very frustrated doctor." It didn't take me long to find out how right he was. In hindsight, this was probably one of the most important things I was taught in medical school. What he didn't teach me is the practical aspect. That I had to learn on my own. Embracing change is a little bit like embracing a frying pan: the experience depends on which end you take hold of.

My chosen field, Hospital medicine, is practically a poster child for the changing face of medicine. I started practicing at a time when fewer and fewer PCPs we're willing to come to the hospital or admit back up patients from the ED. Many of my patients turned out to be uninsured or out-of-towner's, with no local PCP to care for them. I also experienced the endless stream of government and insurance regulations designed to limit cost, and their inevitable unintended consequences. The most damaging of these consequences was the development of medical silos, fragmenting patient care and degrading patient-physician relationships where they existed. Recently, a proposal by Naples community Hospital to limit admissions to their own employed hospital has brought this issue to open forum public attention {still not sure this is the right word}. While NCH claims this is a move towards patient centered care, The creation of yet another silo is troubling.

Like many of my colleagues, I am at a stage in life where the care of elderly family members brings a personal face to this dilemma. Two episodes in particular illustrate the two prevailing hospital care models. In one case, a family member was admitted in the to a Miami hospital area by his PCP for a broken hip. Despite his best intentions, the PCP was clearly out of his league. After 14 days and six consults, the situation had only deteriorated. Without my direct intervention, my family member would have ended up in hospice. I still fight regular battles with his PCP to avoid dangerous and unnecessary admissions. In another case, an elderly family member was admitted locally by the assigned hospitalist service. Despite a "patient centered and unit based" care model, she endure fragmented management by six different hospitalists in eight days. Sub optimal to say the least.

So where does that leave us? Physicians can and should manage the care of their primary patients. If capable, those who wish to care for their patients in the hospital should be allowed to do so. All patients, regardless of resources, must be cared for. Hospitals like all big bureaucracies want to control patient care to achieve financial and regulatory success. The available evidence for which is the better model goes in both directions. Failures on both sides of the equation still abound.

In my view, the common ground exists in the physician's willingness to accept responsibility for all aspects of a patient's care, including regulatory. Don't like the regulations? Get involved! Many physician organizations like Lee County Medical Society and the Florida Medical Association fight a daily battle for the physician's voice in patient care. Without your voice, physicians cede control to administrators. Engaging with the local hospital system is not the same as opposing change. Physicians can and must be the best advocates of patient centered care, but not in a silo.

LCMS January Cocktail Hour
Friday, January 11, 2019

Ford,s Garage of Cape Coral
6:00 p.m. - 7:30 p.m.

1719 Cape Coral Parkway
Cape Coral, FL 33904

Ford's GARAGE
PRIME BURGERS | CRAFT BEER

U.S. Surgeon General Discusses the Opioid Epidemic

By Jerome Adams, MD, MPH

The Doctors Company 2018 Executive Advisory Board meeting — a gathering of some of the leading figures in medicine in the United States — featured a conversation between The Doctors Company Chairman and Chief Executive Officer, Richard Anderson, MD, FACP, and the United States Surgeon General, Vice Admiral Jerome Adams, MD, MPH.

In this first of two articles highlighting key excerpts from the conversation, Dr. Anderson and Dr. Adams discuss the opioid epidemic's huge impact on communities and health services in the United States.

Dr. Anderson: Dr. Adams, you've been busy since taking over as Surgeon General of the United States. What are some of the key challenges that you're facing in this office?

Dr. Adams: You know, there are many challenges facing our country, but it boils down to a lack of wellness. We know that only 10 percent of health is due to healthcare, 20 percent of health is genetics, and the rest is a combination of behavior and environment.

My motto is "better health through better partnerships," because I firmly believe that if we break out of our silos and reach across the traditional barriers that have been put up by funding, by reimbursement, and by infrastructure, then we can ultimately achieve wellness in our communities.

You asked what I've been focused on as Surgeon General. Well, I'm focused on three main areas right now.

Number one is the opioid epidemic. It is a scourge across our country. A person dies every 12-and-a-half minutes from an opioid overdose and that's far too many. Especially when we know that many of those deaths can be prevented.

Another area I'm focused on is demonstrating the link between community health and economic prosperity. We want folks to invest in health because we know that not only will it achieve better health for individuals and communities, but it will create a more prosperous nation.

And finally, I'm raising awareness about the links between our nation's health and our safety and security—particularly our national security. Unfortunately, seven out of 10 of young people between the ages of 18 and 24 years old in our country are ineligible for military service. That's because either they can't pass the physical, they can't meet the educational requirements, or they have a criminal record.

So, our nation's poor health is not just a matter of diabetes or heart disease 20 or 30 years down the road. We are literally a less safe country right now because we're an unhealthy country.

"Dr. Anderson: Regarding the opioid epidemic, what are some of the programs that are available today that you find effective? What would you like to see us do as a nation to respond to the epidemic?

Dr. Adams: Just yesterday, I was at a hospital in Alaska where they have implemented a neonatal abstinence syndrome protocol and program that is being looked at around the country — and others are attempting to replicate it.

We know that if you keep mom and baby together, baby does better, mom does better, hospital stays are shorter, costs go down, and you're keeping that family unit intact. This prevents future problems for both the baby and the mother. That's just one small example.

I'm also very happy to see that the prescribing of opioids is going down 20 to 25 percent across the country. And there are even larger decreases in the military and veteran communities. That's really a testament to doctors and the medical profession finally waking up. And I say this as a physician myself, as an anesthesiologist, as someone who is involved in acute and chronic pain management.

Four out of five people with substance use disorder say they started with a prescription opioid. Many physicians will say, "those aren't my patients," but unfortunately when we look at the PDMP data across the country we do a poor job of predicting who is and who isn't going to divert. It may not be your patient, but it could be their son or the babysitter who is diverting those overprescribed opioid

One thing that I really think we need to lean into as healthcare practitioners is providing medication-assisted treatment, or MAT. We know that the gold standard for treatment and recovery is medication-assisted treatment of some form. But we also know it's not nearly available enough and that there are barriers on the federal and state levels.

We need you to continue to talk to your congressional representatives and let them know which barriers you

Cont'd from page 8

perceive because the data waiver comes directly from Congress. Still, any ER can prescribe up to three days of MAT to someone. I'd much rather have our ER doctors putting patients on MAT and then connecting them to treatment, than sending them back out into the arms of a drug dealer after they put them into acute withdrawal with naloxone.

We also have too many pregnant women who want help but can't find any treatment because no one out there will take care of pregnant moms. We need folks to step up to the plate and get that data waiver in our ob/gyn and primary care sectors.

Ultimately, we need hospitals and healthcare leaders to create an environment that makes providers feel comfortable providing that service by giving them the training and the support to be able to do it.

We also need to make sure we're co-prescribing naloxone for those who are at risk for opioid overdose.

Dr. Anderson: So just so we are clear, are you in favor of regular prescribing of naloxone, along with prescriptions for opioids? Is that correct?

Dr. Adams: I issued the first Surgeon General's Advisory in over 10 years earlier this year to help folks understand that over half of our opioid overdoses occur in a home setting. We all know that an anoxic brain injury occurs in four to five minutes. We also know that most ambulances and first responders aren't going to show up in four to five minutes.

If we want to make a dent in this overdose epidemic, we need everyone to consider themselves a first responder. We need to look at it the same as we look at CPR; we need everyone carrying naloxone. That was one of the big pushes from my Surgeon General's advisory.

How can providers help? Well, they can co-prescribe naloxone to folks on high morphine milligram equivalents who are at risk. If grandma has naloxone at home and her grandson overdoses in the garage, then at least it's in the same house. Naloxone is not the treatment for the opioid epidemic. But we can't get someone who is dead into treatment.

I have no illusions that simply making naloxone available is going to turn the tide, but it certainly is an important part of it.

Dr. Anderson: From your unique viewpoint, how much progress do you see in relation to the opioid epidemic?Do you think we're approaching an inflection point or do you think there's a long way to go before this starts to turn around?

Dr. Adams: When I talk about the opioid epidemic, I have two angles. Number one, I want to raise awareness about the opioid epidemic — the severity of it, and how everyone can lean into it in their own way. Whether it's community citizens, providers, law enforcement, the business community, whomever. But in addition to raising awareness, I want to instill hope.

I was in Huntington, West Virginia, just a few weeks ago at the epicenter of the opioid epidemic. They've been able to turn their opioid overdose rates around by providing peer recovery coaches to individuals and making sure naloxone is available throughout the community. You save the life and then you connect them to care.

We know that the folks who are at highest risk for overdose deaths are the ones that just overdosed. They come out of the ER where we've watched them for a few hours and then we send them right back out into the arms of the drug dealer to do exactly what we know they will do medically because we've thrown them into withdrawal and they try to get their next fix.

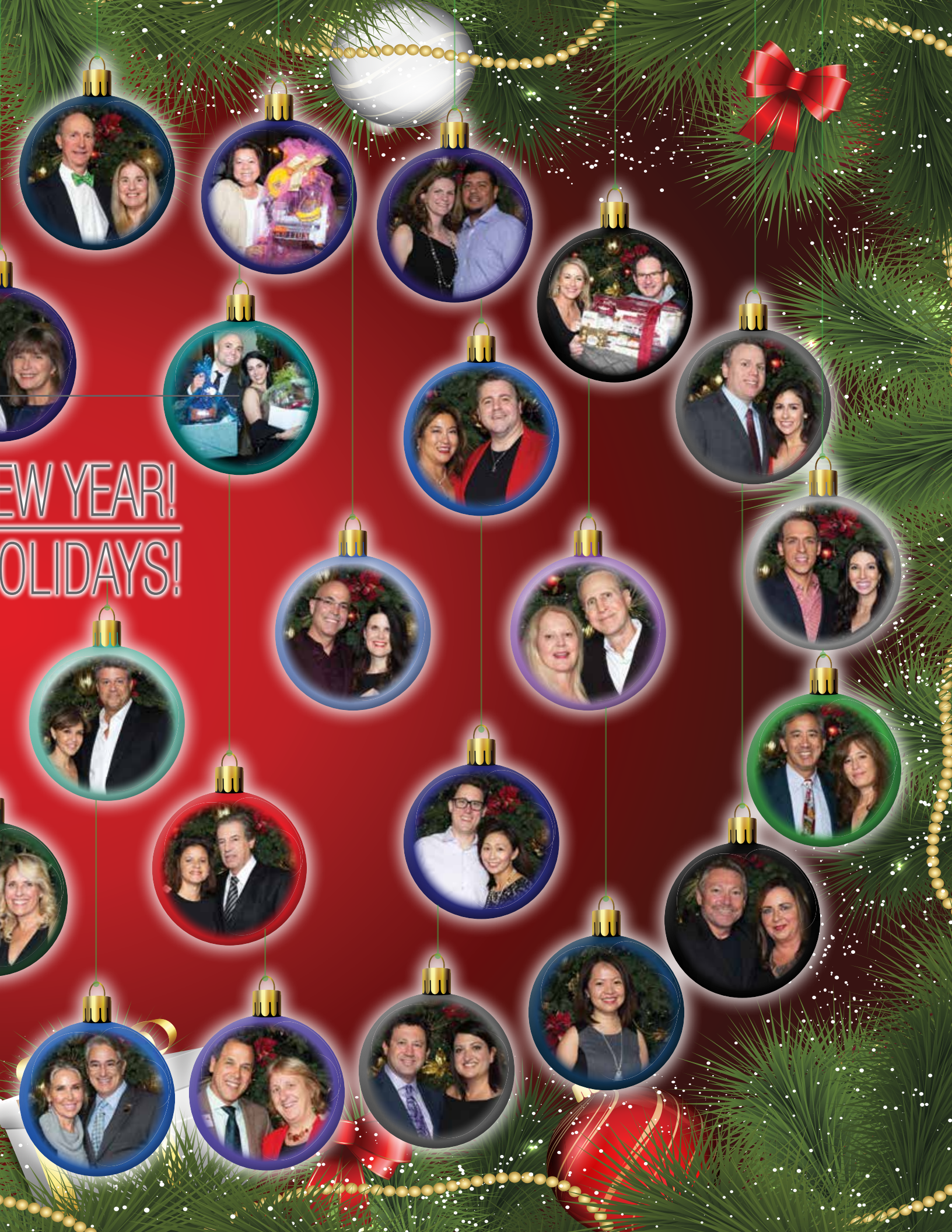
If we can partner with law enforcement, then we can turn our opioid overdose rates around.

A story of recovery that I want to share with you is about a guy named Jonathan, who I met when I was in Rhode Island.

Jonathan overdosed, but his roommate had access to naloxone, which he administered. Jonathan was taken to the ER and then connected with a peer recovery coach. He is now in recovery and has actually become a peer recovery coach himself. Saving this one life will now enable us to save many more.

Yet we still prescribe over 80 percent of the world's opioids to less than five percent of the world's population. So, we still have an over-prescribing epidemic, but we've surpassed the inflection point there. Prescribing is coming down.


2018
HAPPY NE
HAPPY H


EW YEAR!
OLIDAYS!

U.S. Surgeon General Discusse the Opioid Epidemics

Cont'd from page 9

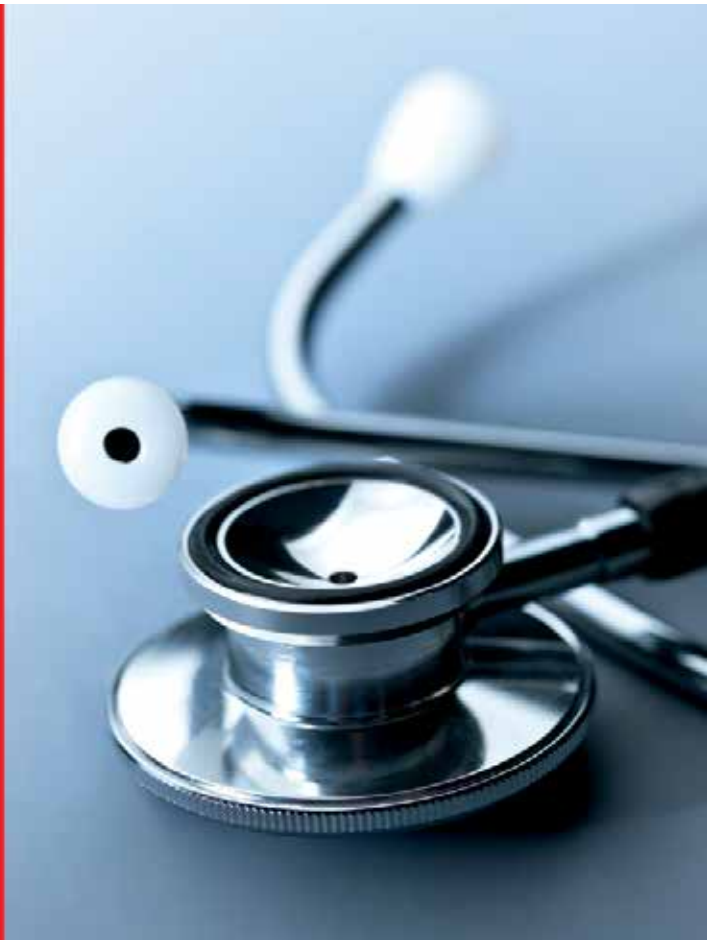
But another part of this epidemic was that we squeezed the balloon in one place and as prescribing opioids went down, lots of people switched over to heroin. That's when we really first started to see overdose rates go up.

Well, it's important for folks to know that through law enforcement, through partnerships with the public health community, through an increase in syringe service programs, and through other touch points, heroin use is now going down in most places.

Unfortunately, now we're seeing the third wave of the epidemic, and that's fentanyl and carfentanil.

Dr. Adams is the 20th Surgeon General of the United States, a post created in 1871. He holds degrees in both biochemistry and psychology from the University of Maryland. In addition, the Surgeon General has a master's degree in public health from the University of California at Berkeley, and a medical degree from the Indiana University School of Medicine. Dr. Adams is a board-certified anesthesiologist and associate clinical professor of anesthesia at the University of Indiana. He has been active in a number of national medical organizations, including the American Society of Anesthesiologists and the American Medical Association.

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 considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered



As I Recall

By Roger Scott, M.D. (Previously Published January 1997)

"SMOKE GETS IN YOUR EYES"

Dear "Dr. John", I wanted to write this letter advising you that this January is the first Anniversary of my cessation of smoking and to share with you some of my thoughts.

For thirty years you hounded me to quit smoking, coughed every time you came into my office, sneezed, almost had tears in your eyes, and complained of the smoke-filled rooms. So, you at least had some part, although minor, in my decision to break the habit. Smoking goes a long way back in our history in that in return for the gifts of syphilis, gonorrhea, smallpox, and other such goodies, the American Indians gave tobacco to the European Settlers. The end result of each of the gifts resulted in death, but it has been a long time for the Indians to get their revenge.

The younger readers probably do not realize how prevalent smoking was in this country a few years ago. Smoking occurred on trains, planes, buses, restaurants, theaters, hospitals and everywhere. There were no "No Smoking Areas" in any of these establishments for many, many years. If you watch any of the classic movies and old TV clips you will see that everybody smoked. I only started smoking when I went into Medical School as a relief from the tensions. Gradually the world around me has become "non-smoking" and finally January 1996 I decided to quit. It was not difficult to quit. I did not go crazy, but I thought that I was losing my memory. However, a recent article in the News Press stated that "smoking sharpens the mind at cost to heart", so I guess that's why my memory wasn't quite as good as it used to be . At any rate, I quit smoking by simply making up my mind that this was the proper thing to do and without aids such as Nicorette's, pacifiers, thumbs to suck, chewing gum, tranquilizers or alcohol. I did not pull my hair our, nor did those around me get punished for my lack of smoke. All this leads me to believe that the nicotine is not addictive because I certainly should have been addicted if anybody ever was. I do think the habit was addictive more so than the drug.

It has been a year now since I burned a hole in a new tie, shirt, coat, car seat, car floor mat, furniture, bed, even certain parts of my anatomy, by accidents while smoking and reading in a leisurely position, and almost anything you can name. The odor of smoke (house, office, cars, clothes, etc.) has finally subsided in my life.

I do not mind going into a smoke-filled room and actually kind of enjoy it because it might be nice to have a cigarette, so I simply inhale a little deeper and that seems to satisfy the desire.

It is surprising that smoking in the hospitals was common place, and I have the dubious distinction of having caused a small operating suite fire when a cigarette ash fell into a trash can that contained ether sponges. Another small accident occurred by setting the back seat of my car on fire from ashes blown back in from the exterior when the cigarette was thrown out the window. These are but a few of the many reasons to quit the habit. I will not go back and join you smokers, but you are certainly encouraged to come join me. So, thanks, "Dr. John" for having started me on the road to recovery. (Dr. John Agnew wrote the "DR. JOHN" column in THE BULLETIN for some years and always had a superb story.)

2019 addendum:

The first true medical group practice in Lee County history was the Internal Medicine practice of (Frank) Bryan, (Frank) Rawl, (Tom) Gore, (John) Butler , (John) Agnew, and Joe O'Bryan. I shared a private practice, (Surgeon) office in the same building at 3636 Brodway for 36 years. John Agnew and I are the only surviving physicians.

Via the Revolution - Direct Primary Care in 2019

By Raymond W. Kordonowy, MD

What is Direct Primary Care (DPC)? Some may say it is a revolution, since the original meaning of revolution is to return to where you began. DPC practices are returning to how the doctor-patient relationship used to be; personalized primary care without the interference of third parties. Incentives are aligned between doctor and patient with cost transparency and cost savings on generic medications offered in the in-house dispensary, labs, and office procedures included in the membership. Recently the American Academy of Family Physicians (AAFP) issued a statement that "the DPC model is consistent with the American Academy of Family Physicians' (AAFP) advocacy of the advanced primary care functions and a blended payment method of paying family medicine practices." AAFP cited the fact that the "DPC contract fee structure can enable physicians to spend more time with their patients, both in face-to-face visits, and through telephonic or electronic communications mediums should they choose, since they are not bound by insurance reimbursement restrictions." DPC practices guarantee the patient unhurried, same-day appointments and round-the-clock accessibility to their physician, who would get to know their story "inside and out," thanks to having to care for only around 500 patients. Patients and physicians are increasingly finding DPC a cure to the broken healthcare industry. There are at least 945 DPC practices currently in the United States (www.dpcfrontier.com/mapper) and these practices are growing at a rapid rate. There are at least 6 DPC's in the SWFL area now.

As of July 2018, the Florida Senate and House passed the following legislation after years of presenting bills to support Direct Primary Care: (HB 37 / SB 80) "Allows physicians, chiropractors and group practices to sign agreements with patients that let them charge patients monthly fees in advance of providing services, ostensibly to provide services later at no additional charge. Ensures that these "primary-care" agreements don't violate insurance agreements."

I have been an internist in Fort Myers for the past 25 years and have worked in various models – hospital owned, a small private group and now a solo practice – and in January of 2018 began a new adventure by joining the direct primary care movement. What has this change meant for me? I love coming to work now. I've given up all the hassle, expense, headache and demoralization of being a Medicare provider. I practice the way medicine was meant to be practiced. I feel liberated and appreciated. My patients are happy, my staff are happy, and I am happy.

How does a DPC model work? Basically, monthly memberships are based on age and include a physical, labs, unlimited office visits, same day sick visits, vaccinations and all other procedures performed at the office. And at our office, members have the opportunity to purchase generic medications at the office for greatly reduced prices compared to pharmacies. For many members the amount they save on purchasing their generic medications through the practice makes up for the cost of their membership. I have the freedom to make home, hospital and nursing home visits.

The biggest challenge that has arisen with becoming a DPC, is the sudden growth and a need for an additional physician. Small businesses and health sharing plans want to use our DPC to cover their employees or members. I am always open to discussing how to "join this revolution".

Greetings Everyone,

We are very short on judges needed for the Science Fair. So far, I only have 75 judges committed. This is only half of what we need.

If you are able to help us on Saturday morning, January 19th, 2019, please go to the Edison Fairs website and sign up as a Category Judge as soon as possible.

Here is a link to the judge registration page:
https://www.edisonfairs.org/rsef-registration/judges/

After you register, you will receive a confirming email. Please let me know right away if you do not receive the confirming email.

Let me know if you have any questions, and thank you for your help!

Tim Jones
Fort Myers Kiwanis
Science Fair Judge Coordinator
Timothy.jones.esquire@comcast.net
239-940-5903

The Ramirez Report
By Julie Ramirez, Executive Director

An Invitation to Consider the LCMS Health Care Plan for your Practice

In late 2014, the Lee County Medical Society partnered with the Marion Medical County Society Insurance Trust Fund in Ocala, to form a large group fully insured Multiple Employer Welfare Arrangement (MEWA) insurance plan with Florida Blue.

This plan was developed for our community's physician employers in private practice who are in support of local organized medicine. Through this unique program, private practices have the opportunity to join together to create a single large health insurance program. The goal is to leverage enhanced benefit designs and cost stabilization as a high-quality risk pool and share in future plan profits together as a joint venture.

Physicians, their employees and immediate families are eligible, and all underwritten together with these large group features that may not be available to your practice independently.

Over the past four years, the plan has grown to include more than 30 Lee and Charlotte County physician offices with over 500 enrolled lives. The goal for the 2019 plan year is to continue to grow the plans enrollment, and by doing so, further improve our underwriting performance and ensure that the plan will remain available to support future private practice physicians in our community.

Personally, the company that my husband works for had a 30% increase in premiums for 2018, and I am thankful as a Lee County Medical Society employee to be able to join the trust this year and avoid those huge premium increases.

The biggest change coming for enrollment in 2019 is that the plan offering will now include two Florida BlueCare HMO plans. This is new to the plan and will allow for greater direct product competition with the Lee County corporate market.

In addition to the medical plans, the Lee County Medical Society also has a suite of ancillary products that are available through the Guardian, including dental, vision, disability and life insurance for your practice. These plans offer reduced minimum participation requirements that allow smaller practices, or those with little participation, to still offer a wide variety of choice to employees which can aid in recruitment and retention of your workforce.

Plan pricing is available for 2019 now, as the entire program renews March 1, 2019. I can personally give you my experience as the Director and having our employees recently joining the plan. If you are interested and would like to request a proposal, please contact Leading Edge Benefit Advisors, LLC at (800) 733.2917.

Leading Edge Benefit Advisors, LLC
12450 Brantley Commons Court
Fort Myers, FL 33907
Phone: 239-433-1184 Fax: 239-433-1565
Website: www.LeadingEdgeOnline.com
E-mail: Kerri.Sisson@LE-Advisors.com

LeadingEdge
Benefit Advisors, LLC

Lee County Medical Society 2019 Officers

The following slate of officers were voted on at the November 15, 2018 meeting and will be installed to the board on January 25, 2019 Installation Dinner.

Board of Governors
President: Daniel de la Torre, MD
President-Elect: Elizabeth Cosmai, MD
Treasurer: Annette St. Pierre MacKoul, MD
Secretary: Tracy Vo, DO
Past-President: F. Rick Palmon, MD

Newly nominated Members-at-Large:
Gamini Soori, MD (2021)
Asif Azam MD, (2021)
Omar Benitez, MD, (2021

Previously elected Members-at-Large:
Scott Caesar, MD (2020)
Imitiaz Ahmad, MD (2020)
E. Trevor Elmquist, DO (2020)
Joanna Carioba, MD (2019)
Arie Dosoretz, MD (2019)
Ryan Lundquist, MD (2019)

Grievance Committee
R. Thad Goodwin, MD, Chair

Legislative Committee
Stuart Bobman, MD, Chair

Committee on **Ethical & Judicial Affairs**
Ryan Lundquist, MD, Chair

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

Leaving the Board:
Jon Burdzy, DO, Past-President
Darius Biskup, MD, Ethical & Judicial Affairs
Cherrie Morris, MD

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

CHANGE SERVICE REQUESTED

Together We Are Stronger