Bulletin

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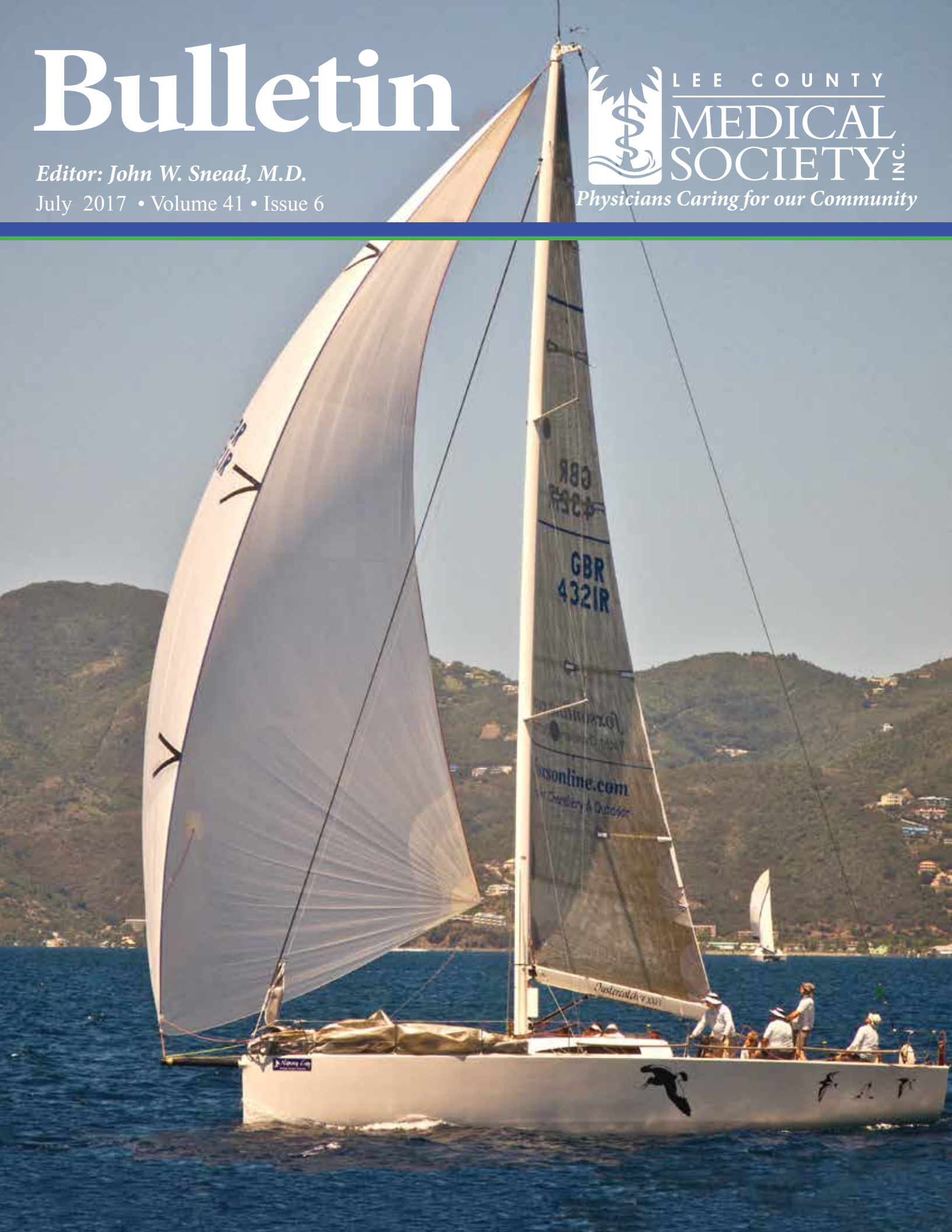
LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community



LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

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

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and endorsement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.
All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

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Cover Photo:
British Virgin Islands in 2010
Peter Sidell, MD

Calendar of Events

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

Cocktail Hour at Cru

July 14. 2017
6 p.m. - 7:30 p.m.
Email valerie@lcmsfl.org to RSVP

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

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

Women Physician Event

This Roaring 20's theme event will carry you away to a land of relaxation and ease. Join us Thursday, August 17th, 2017, from 6:00pm-8:00pm at Hilton Garden Inn at Fort Myers Airport/FGCU for heavy hor'derves and 3 different varieties of martinis. Nails to be done by Paul Mitchell The School. Free to LCMS women physician members. $25 for non-member women physicians.

2nd Annual Family Beach Day!

Join us, Saturday, August 26, 2017 from 11am-5pm at Sundial Beach Resort and Spa for fun and sun. The Alliance and the Society are collaborating to encourage families to come together to enjoy the resort, the private beach, pool and a fabulous lunch. This event is free to members and their immediate family members. Guests are $25 each.

LCMS Fun Run

Saturday, September 16, 2017
See Bulletin insert for details

Membership News

Reactivated
Alberto Figueroa, MD
Adam Heller, MD

Resigned
Austin Aardema, MD
Michael Collier, MD
Jelin Israel-Cvik, MD
Sara Lane, MD
Alexander Martinez, MD
Bruce Mehlman, MD
David Reardon, MD
Michael Rubin, MD
Lawrence Seidenstein, MD
James Walters, MD

Moved out of Area
Ravi Dalal, MD

Retired
Abbott Kagan, MD
Charles Krivenko, MD
James H. Fuller, MD
Phillip E. Andrews, MD

New Location
Daniel Bendetwicz, MD
Daniel Bendetowicz, MD PA
6840 International Center Blvd,
Fort Myers, FL 33912
Tel: 239-982-1050
Fax: 239-985-1060
www.doctorben.net

Wendy Bond, MD
Neuropsychiatric Research
Center of SWFL
14271 Metropolis Ave Ste A
Fort Myers, FL 33912
Tel: 239-939-7777
Fax: 239-936-0036
www.neuropsychstudies.com

Adam Heller, MD
Telespecialists LLC
15050 Elderberry Lane, Ste 3
Fort Myers, FL 33907
Tel: 239-208-2206
Fax: 239-208-3994
www.tele-specialists.com

Francesca Swartz, DO
Ortho Specialists of SWFL
2531 Cleveland Ave., Suite 1
Fort Myers, FL
Tel: 239-334-7000
Fax: 239-334-7070
www.osswf.com

New Applicants

Ernesto Badui, MD – Dr. Ernesto Badui received his medical degree from PUCMM, Santiago, Dominican Republic in 2006. He completed his Internal Medicine residency at St. Barnabas Hospital, Bronx, NY from 2011-2014. Dr. Badui is in practice with LPG Hospitalist Group, 13681 Doctor's Way, Ste 19021, Fort Myers, FL 33912 Tel: 239-343-2052 Fax: 239-343-1009.
Board Certified: Internal Medicine.

Leopoldo Duluc Vega, MD – Dr. Leopoldo Duluc Vega received his medical degree from PUCMM, Santiago, Dominican Republic in 2006. He completed his Internal Medicine internship and residency at Lincoln Medical & Mental Health Center, New York, NY from 2011-2015. Dr. Duluc Vega is in practice with LPG Hospitalist Group, 2776 Cleveland Ave., Ste 808, Fort Myers, FL 33901 Tel: 239-343-2052 Fax: 239-343-3164.
Board Certified: Internal Medicine.

Edwin Alberto Mercedes, MD – Dr. Alberto Mercedes received his medical degree from Universidad Autonoma De Santo Domingo, Dominican Republic in 2004. He completed an Internal Medicine residency at St. Barnabas Hospital, Bronx, NY from 2001 – 2014. Dr. Alberto Mercedes is in practice with LPG Hospitalist Group, 2776 Cleveland Ave., Ste 808, Fort Myers, FL 33901 Tel: 239-343-2052 Fax: 239-343-3164. Board Certified: Internal Medicine.

New Applicants *(cont'd)*

Daniela Kloos, MD – Dr. Daniela Kloos received her medical degree from Ross University School of Medicine, Portsmouth Dominica in 2013. She completed an Internal Medicine internship and residency at NY Presbyterian, Queens, NY from 2013-2016. Dr. Kloos is in practice with LPG Hospitalist Group, 9981 S. HealthPark Dr., #159, Fort Myers, FL 33908. Tel: 239-343-2052 Fax: 239-343-5348.
Board Certified: Internal Medicine.

Thomas Moran, DO - Dr. Thomas Moran received his medical degree from LECOM, Bradenton Florida in 2010. He completed his Internal Medicine internship and residency at Sacred Heart Health System, Pensacola, FL from 2010 – 2013. Dr. Moran 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.

Maudeen Scott, MD – Dr. Maudeen Scott received her medical degree from Ross University, Portsmouth, Dominica in 2011. She completed a Family Medicine residency at Montgomery Family Medicine Residency Program, Montgomery, AL from 2012- 2015. Dr. Scott is in practice with LPG Hospitalist Group, 2776 Cleveland Ave., Ste 808, Fort Myers, FL 33901 Tel: 239-343-2052 Fax: 239-343-3164. Board Certified: Family Medicine.

Mohammad Sheikh, MD – Dr. Mohammad Sheikh received his medical degree from Sir Salimullah Medical College, Dhaka ,Bangladesh in 1996. He completed an Internal Medicine internship and residency from 2007-2010 at Brooklyn Hospital Center, Brooklyn, NY. Dr. Sheikh is in practice with LPG Hospitalist Group, 13681 Doctor's Way, Ste 19021, Fort Myers, FL 33912 Tel: 239-343-2052 Fax: 230-343-1009. Board Certified: Internal Medicine.

Gesner Torchon, MD – Dr. Torchon received his medical degree from Universite d 'Etat d' Haiti, Port-au-Prince, Haiti in 1984. He completed a residency at New York University, NY from 1987-1989, an internship at Baptist Hospital, Miami, FL from 1998 – 1999 and an Internal Medicine residency at Woodhill Hospital, Brooklyn, NY from 1999-2002. Dr. Torchon is in practice with LPG Hospitalist Group, 2776 Cleveland Ave., Ste 808, Fort Myers, FL 33901 Tel: 239-343-2052 Fax: 239-343-3164. Board Certified: Internal Medicine.

Elie Checo Heinsen, MD – Dr. Checo Heinsen received his medical degree from Pontificia Universidad Catolica Madre Y Maestra, Dominican Republic, in 2006. He completed an Internal Medicine internship and residency at St. Barnabas Hospital, Bronx, NY from 2010 – 2013. Dr. Checo Heinsen is in practice with LPG Hospitalist Group, 9981 S. HealthPark Dr., #159, Fort Myers, FL 33908. Tel: 239-343-2052 Fax: 239-343-5348.
Board Certified: Internal Medicine.

Mina Masry, MD – Dr. Masry received his medical degree from Medical University of the Americas, Nevis in 2013. He completed an Internal Medicine internship and residency at New York Presbyterian, Queens, NY from 2013-2016. Dr. Masry is in practice with LPG Hospitalist Group, 13681 Doctor's Way, #19021, Fort Myers, FL 33912. Tel: 239-343-2052 Fax: 239-343-1009. Board Certified: Internal Medicine.

Cont'd page 4

New Applicants

cont'd from page 3

Monica Necula, MD – Dr. Necula received her medical degree from Carol Davila University of Medicine, Bucharest, Romania in 1990. She completed an Internal Medicine residency at the Brooklyn Hospital Center, Brooklyn, NY from 1996-2000 and a Hematology/Oncology fellowship at MCP Hahnemann University Hospital, Philadelphia, PA from 2000 -2001. Dr. Necula is in practice with LPG Hospitalist Group, 2776 Cleveland Ave. #808, Fort Myers, FL 33901. Tel: 239-343-2052 Fax: 239-343-3164.
Board Certified: Internal Medicine.

Stephen Jones, DO – Dr. Jones received his medical degree from Ohio University, Athens, OH in 2010. He completed an internship at Largo Medical Center, Largo, FL from 2010 – 2011 and an Ophthalmology residency at Oakwood Hospital/ MSU, Dearborn, MI from 2011-2014. He also completed an Oculoplastic Surgery fellowship at Novus Clinic, Tallmadge, OH from 2015 -2017. Dr. Jones is in practice with Collins Vision, 6900 International Center Blvd., Fort Myers, FL 33912 Tel: 239-936-4706 Fax: 239-225-6775. Board Certified: Ophthalmology

New Members

Anita Arnold, DO
LPG Cardiology
9800 S. Health Park Dr., Ste 320
Fort Myers, FL 33908
Tel: 239-343-6350. Fax: 239-343-6358.
Board Certified: Cardiovascular Disease

Howard Eigen, MD
Retired
Board Certified: Pedictric Pulmonology & Pediatric Critical Care Medicine

Natalie Gillson, MD
LPG Pediatric Neurology
15901 Bass Road. Ste 108
Fort Myers, FL 33908
Tel: 239-343-6050 Fax: 239-343-5348
Board Certified: Neurology

Patricia Gregg, MD
Lehigh Regional Medical Center
1500 Lee Blvd.
Lehigh Acres, FL 33936
Tel: 239-368-4439 Fax: 239-368-4448
Board Certified: Pathology

Alexander Gumiroff, MD
Family Health Centersof SWFL
13195 Metro Parkway
Fort Myers, FL 33966
Tel: 239-344-2348 Fax: 239-479-5194
Board Certified: OB/GYN

Andres Laufer, MD
LPG Hospitalist Group
9981 S. Health Park Dr., Ste 159
Fort Myers, FL 33908
Tel: 239-343-3052 Fax: 239-343- 5348.
Board Certified: Internal Medicine

Karla Quevedo, MD
LPG Cardiology
9800 S. Health Park Dr., Ste 320
Fort Myers, FL 33908
Tel: 239-343-6350 Fax: 239-343-6358.
Board Certified:
Cardiovascular Disease

President's Message
By Jon Burdzy, D.O.

Medicine is a relational art. We all know this but lack in its practice. We become caught up in our own little worlds: the office, the OR, the ER, the lab, the cath lab, or the hospital. We're swamped with demands from every direction. As a result our relationships with our colleagues and patients suffer.

We have the hammers and nails, the text messages and EHRs - we're interconnected out the wazoo, but still we often fail. So we seek more technology, more integrated data sharing. If done correctly this may help. Unfortunately we're not yet ready for primetime either in Lee County or as a nation. A universal EHR or disparate EHRs that actually exchange meaningful data with each other will decrease waste, and harmonize medications and treatments. But none of this is as beneficial as a simple conversation between two treating physicians.

All of us have the patients and cases we remember forever. One of mine was six or seven years ago when I still did inpatient rounds. It was early evening. A very complex elderly patient was admitted for abdominal pain due to a bowel infarction. He was transferred from the ED to the ICU. The surgeon, the gastroenterologist, the intensivist and myself all arrived at the same time to evaluate him. After much discussion about treatment options it was decided comfort care was the most appropriate. In all this took less than an hour. We presented our recommendations to his family and they agreed (they were a very well informed and reasonable bunch). The patient remained in the hospital for a short while longer, was transferred to hospice house, and then peacefully died.

Had we arrived separately, did our independent evaluations, wrote our notes in the chart, returned later that night or the next day, commented on the plans of the others, ordered more tests, etc. etc., the process would have taken several days with a poorer outcome for all. Instead, that night the stars aligned, the fates conspired, and the team stumbled upon each other at the right time.

But there was a foundation for this chance happening. The treating docs had worked with each other on a number of other patients and knew how the others practiced. Our mutual relationships laid the foundation for communication and the great care the patient and his family received. We must continue to prepare ourselves by building and maintaining such relationships.

Good relationships lead to trust. My ever-reliable partner Van Winkle and I are great hand holders of the other. We often know what to do, but run it by the other for reassurance. Equally important we don't make the other feel stupid when confirming the obvious. All physicians make thousands of decisions each day, many of them on an unconscious or subconscious level. At times we need to hear that even the mundane ones are correct. Handholding confirms our instincts and often provides a needed reality check.

With specialists the same paradigm exists. One of my criteria in selecting which specialist to refer a patient is ease of communication. The vast majority of those I work with have my cell number and I theirs. A simple heads up or question about treatment is invaluable, especially as our population becomes older and more complex.

Our profession is in a time of unprecedented change. The models of care delivery are morphing into something far different than we learned or expected. The technologies and the patients themselves are more complex. People live longer and conditions that would have quickly killed them a decade ago are now survivable. It is impossible for a single physician to keep abreast of all this change.

Despite all of this, our needs to communicate with and support each other remain constants. They are now more vital than ever. We are more likely to reach out to friends than strangers. Knowing our colleagues as people, not only as the whatever-ologist I refer too, but as a classmate, or one whose daughter went to dance class with my daughter, or as a mentor who just trekked to Everest base camp strengthens our common bond as physicians. It helps us truly care. Not just about patients, but about our fellow physicians. In this rapidly changing, technology driven, metric measuring, crazy-making and ever unpredictable time, we must return to the foundation of it all. Relationships.

April 27 Women's Spring Event
Thank you to our sponsor - ONE

May 11, Memb
Sponsored in

Rachel Rainbolt
Development & Education coordinator for CROW

ership Meeting part by - ONE

Dr. David Becker
FMA President

May 12 CRU Cocktail Hour

Ramirez Report
By Julie Ramirez, LCMS Executive Director

The last few months, I've had the privilege to attend several conferences and lectures. Here's a synopsis of what I've learned.

Julie Ramirez, Executive Director, Lee County Medical Society & Dr. David Becker, MD, Florida Medical Association (FMA) President

FMA Legislation session

In May, I attended the Florida Medical Association quarterly Board meeting. Current FMA President, Dr. David Becker (picture), lead the meeting with ease. The top accomplishments for the year include protecting our physicians from legislation that could cause harm. An example of a harmful bills was the Optometry bill (HB 1037) which proposed that Optometrists would be able to perform laser and non-laser procedures. This bill was successfully stopped — for now. One of the bills that did not pass was the Maintenance of Certification (MOC) bill. This proposed bill prohibits Boards of Medicine and Osteopathic Medicine, respectively, and the Department of Health and insurers from requiring certain certifications as conditions of licensure, reimbursement, or admitting privileges. There seemed to be confusion and division over this bill. Most physicians in the area support a bill that supports lifelong learning, not testing. But during the session, several physicians from across the state, presented to the legislative body that they wanted MOC to continue. The FMA will be doing a grass roots campaign this summer to provide education on MOC and the dangers that it brings.

Opioid problem

In June, I attended a short presentation by the Hazelden Center regarding the increasing opioid addiction in our community. The speaker, Ms. Brenda Iliff, Executive Director of the Hazelden Betty Ford Foundation in Naples, FL, had some excellent information about the increase in heroin usage in our area. 100 pages worth of recent statistics in Lee County can be found at : http://www.drugfreeswfl.org/ and click on the "Community Needs Assessment" link on the right.

Ms. Iliff made 2 suggestions for physicians in our community. She encouraged that the Florida Prescription Drug Monitoring Program (E-FORCE) be used on a regular basis. It is a helpful tool for all, even though it isn't always the fastest in its turnaround time. She also, encouraged providers to increase their training on addiction and chronic pain. Pain is the most common reason for patient visits. Tolerability should be the key, not being pain free. Check lists and drug screens are helpful when patients are asking for narcotics.

An upcoming opportunity to get involved with a rising issue directly here in Lee County, is with the newly formed Task Force for Substance Exposed Newborns. Dr. William Liu invites you to attend the next meeting on June 28, 12 noon at Golisano Children's Hospital, 3rd floor, NICU classroom, with follow-up meetings to come. This task force hopes to better understand and coordinate our community resources to address the issue of rising NAS rates and the Opioid epidemic.

Optimism

A few days after that presentation, I attended the Health Management Association conference at Pelican Preserve. I got a crash course on Medicare Access and CHIP Reauthorization Acr (MACRA) and the recent changes in The Merit-Based Incentive Payment System (MIPS). After the presentation of a blur of acronyms, the next speaker came in to talk about Optimism. I have to say this was a well-done lecture and left me feeling encouraged. I have just a few thoughts to share. An optimistic person looks on the bright side of life and maintains a positive attitude even with adversity. They bounce back from disappointment and focus on the future. They don't use words such as always or never. (This is something that I am actively teaching my children.) Optimism can be learned—so can pessimism! Here are a few habits

- Seldom get upset with problems. Does worry really help the "problem"? Attack the problem!
- Look for the partial solution. I recently read a book that said to look for the "2nd best answer". The first answer might not work and there could be a better solution, even if it's a partial solution.
- Make time for renewal. Recharge daily, weekly, monthly. You can only serve others when you are at your best. By the way, did you take your summer vacation yet? School is just around the corner, and right after that is season again!
- Don't personalize bad situations. For example, car accidents, don't always, and only happen to you.
- Practice appreciation. Tis' better to give than receive.
- At the end of the day, do the WWW exercise. What Went Well – keep a journal and write down 3 good things that happened that day—big or small things. Mine the other day was that the gardenia bush finally bloomed, I made it home safely on State Road 82 and my 5 year surprised me by reading a book for the first time. The journal notes will come in handy when you are having a really tough day and can't focus on anything but the negative.

Signing Off and Signing Out: Lost in Translation

By By Ann S. Lofsky, MD

Whether signing out to a colleague for the weekend or permanently closing a practice, handing off responsibility for patient care can create liability risks for the physician. The safety of the handoff process has been called into question by a number of different sources and studies that suggest handoffs are often characterized by communication failures and environmental barriers.[1]

Handoffs

The primary objective of a handoff is to provide accurate information about a patient's care, treatment, services, current condition, and any recent or anticipated changes'[2] When a handoff occurs, a physician should communicate the following information to the next physician: the patient's previous treatment, current condition, medications ordered to date, and any recent or anticipated changes in his or her condition. Although face-to-face communication is the most effective method, telephone communication can also be efficient. The key elements are setting aside sufficient time to relay the salient information, for the receiver to understand the data, and time for questions and answers. Standardizing the handoff process and content will decrease the omission of critical information.[3]

Patient Notification

Primary responsibilities for most practice changes focus on good communication with patients. Patients should be told what the changes will be, when they will occur, and how these changes will affect their continued medical care. Keeping your patients informed will avoid claims of abandonment.

If the change in practice entails temporary coverage by another physician, be sure that the patient is provided with the covering physician's name, phone number, and the duration of the substitute healthcare provision.

When the change is permanent, a more formal process is necessary. A notice about closing your practice should include at least these elements:

- Importance of continuing medical care
- Information about acquiring a copy of the medical record
- Date of final closure
- Method(s) for referrals (usually the local medical society)

Medical Record Management

Short-term medical care transfer might include a brief oral update to the covering doctor about what to expect with current and acute patients. Office records should be made available if necessary. Hospital-based patient records should have documentation of the change, usually on the physician order form.

It is wise to provide a method for documenting patient phone calls to the covering physician that can be easily and quickly added to the patient's medical record. Any patient encounter should be documented as is customary. Unless the matter is emergent, release of medical record information should be delayed until the temporary coverage ends. Long-term changes require a process for the safety and security of the medical records while providing ready access.

Ensuring Continuity of Care

When arranging temporary coverage, seek a physician who shares your specialty. If the specialty is either surgical or obstetrical, a backup cover may be advisable in the event that your locum tenens is actively involved with another patient. It is also a good idea to seek a physician with privileges at the same hospital.

When selling or closing a practice, similar guidelines are prudent. If the doctor buying the practice shares your specialty and privileges at the same hospital, it will help ensure your patients' continuity of care.

Details Matter

If at all possible, introduce your acute or active patient population to the covering physician. A pre-established process for billing is another important detail. Determine who will be responsible for billing patients, thus avoiding double billing.

Remember to notify other practice associates of your impending absence. Provide dates of departure and return to applicable office staff, referring practitioners, answering service, local hospital, clinics, nursing homes, etc.

On returning from a temporary change, ask the covering physician to update you. Review documentation in medical records to avoid failure to follow patient care issues. Listen to feedback from those who worked with the covering physician to learn about the success or failure of the temporary change. Remember that all of the above may be applied in reverse when you are the covering physician.

Notifying The Doctors Company

Anytime a practice closes permanently, it is necessary to notify The Doctors Company Underwriting Department. This will ensure that past and future claim coverage will be addressed. A packet of informative materials on closing your practice is available by calling The Doctors Company Department of Patient Safety.

Please direct patient safety and loss prevention questions to the regional risk manager in your area, or call us at (800) 421-2368, extension 1243, in The Doctors Company's home office.

References

1. Arora V, Johnson J. A model for building a standardized hand-off protocol. Jt Comm J Qual Patient Saf. 2006 Nov;32(11):646-55.
2. The Joint Commission. E-dition. Provision of Care, Treatment and Services Standards. https://e-dition.jcrinc.com. Accessed July 22, 2011.
3. Arora V, Johnson J. A model for building a standardized hand-off protocol. Jt Comm J Qual Patient Saf. 2006 Nov;32(11):646-55.

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

Fighting The Opioid Epidemic in The Exam Room

By Timothy J. Stapleton, CEO, Florida Medical Association

The United States is in the midst of a public health crisis. Opioid addiction is taking mothers, fathers and children; destroying lives, breaking up families. The problem is particularly insidious in Florida, which has become a destination for rehabilitative services and sober home living.

In the first part of 2016, an estimated 2,600 people died from opioid overdoses in Florida, and the epidemic shows no sign of slowing.

Gov. Rick Scott recently declared a public health emergency over this crisis, which frees up nearly $30 million in federal funds to fight this battle for Floridians. State Surgeon General Celeste Philip, M.D., has been directed to keep a standing order of Narcan and Naloxone – drugs used to counteract overdoses – at the ready, and Attorney General Pam Bondi, who was recently appointed to President Trump's Opioid and Drug Abuse Commission, has secured a deal for the two drugs to be purchased at a discounted rate.

The Florida Medical Association represents more than 20,000 physicians in the state and provides them with access to expert advice, support and resources. As an advocate for the highest standards of medical care, we stand alongside our state's leaders as we work to reverse the destruction being caused by opioid addiction and overdose in our state.

It's up to all of us to come together as a community to fight this rampant problem at every level: education, prevention, treatment and recovery services. Physicians can effect positive change by staying educated on best practices and effectively communicating with their patients about treatment protocols for pain management. There is an inherent risk in prescribing highly addictive medications, particularly for patients suffering from severe chronic pain. Physicians have a duty to consider the risks versus clinical effectiveness of prescribing opioids and communicate those risks and benefits clearly and honestly to their patients.

The FMA recommends that physicians follow the U.S. Centers for Disease Control and Prevention recommendations for prescribing opioids. This includes starting "low and slow" with dosages, and prescribing no more than needed for acute and chronic pain. Physicians also have a responsibility to follow up with their patients, to ascertain effectiveness of treatment and, when necessary, include strategies to mitigate the risk of addiction or overdose.

Florida has established a state prescription drug monitoring program (PDMP) to access and review an individual's history of controlled substance use before making any decisions on best course of treatment. PDMP data is used by prescribers to avoid dangerous drug combinations that would put a patient at high risk for potential addiction or overdose. This, along with urine drug testing to identify prescribed substances and undisclosed use, prevents pill-seeking patients from "doctor shopping." The FMA encourages physicians to utilize the database, along with established protocols, protections and research, to ensure that they are able to make appropriate clinical decisions for their patients and prescribe treatments responsibly, safely and effectively.

Physicians have an obligation to educate their patients while developing treatment goals. Treatment does not end when a prescription is written: An open line of communication is necessary to make appropriate clinical decisions and detect signs of opioid dependence.

The FMA remains steadfast in our commitment to the people of Florida who entrust their health to physicians. We will do even more as we continue fighting to protect patients' health and well-being by arming Florida physicians with the tools necessary to empower their patients. Irresponsible treatment plans and illegal distribution of opioids have no place in the medical field.

For more information about the Florida Medical Association (FMA) please visit: www.flmedical.org

Markham Norton Mosteller Wright & Company
Friends in Medicine By Karen Mosteller, CPA, CHBC

Markham Norton Mosteller Wright & Co., P.A. (MNMW) is a full-service certified public accounting and consulting firm with offices in both Fort Myers and Naples. At MNMW, we strive to cultivate a culture of excellence and consistently deliver exceptional service to our clients and superior job satisfaction to our employees. Our team members continually support, challenge, and develop each other so that we can be the best that we can be. Our clients and our team are our highest priorities!

Our firm's experienced team of professionals understand the needs and inner-workings of medical and dental practices. With our knowledge and expertise, we provide services and advice to help your practice run more smoothly, sharpen your competitive edge, while also increasing profits. Our team will work with your staff to provide world class, premium services tailored to fit your diverse needs.

Markham Norton Mosteller Wright & Company, P.A., is a hub of solutions to help your practice grow in the right direction. From business strategy and consulting, taxes, HR recruiting, and technology support. We can help manage your relationship with bankers, find the best pricing to buy or lease medical equipment or buildings, or review legal documentation. Whether you are opening your own practice for the first time, merging with another practice, or expanding your existing practice, we offer a full-spectrum menu of services for the medical professional.

We are your trusted advisor, your partner every step of the way!

For more information about Markham Norton Mosteller Wright & Co., P.A., and how our firm can become a valued personal advisor and a trusted-long term partner in your practice, visit www.markham-norton.com or call 239.433.5554.

Looking for an off-site meeting place?

The LCMS meeting room *(17' W x 26' L)* is available for a $100 donation to the Lee County Medical Society Foundation from 9 am - 5 pm

For after hours, an additional personnel cost of $20 an hour will be added.

Contact Valerie at 239-936-1645 or email: valerie@lcmsfl.org.

The Karl M. Altenburger, M.D.
FMA Physician Leadership ACADEMY

The Florida Medical Association Foundation launched the 21st

Century Leadership" project, which is aimed at identifying and training physicians to be the next generation of physician leaders in Florida. The centerpiece of the "21st Century Leadership" project is the FMA Physician Leadership Academy. Working in conjunction with the Leadership Development Institute at the University of Florida, the FMA Foundation has developed a customized 10-month emerging leader program designed to train physicians on the fundamentals of leadership in an ever-changing medical environment. The purpose of this in-depth program is to enable physicians to enhance their leadership skills and provide training in core aptitudes to excel within the business world, organized medicine, medical staffs, group and corporate practices, and the public policy arena.

For more information on the FMA Physician Leadership Academy please contact:

YPS Contact Info
BOG YPS Representative
Melissa (Hartman) Shaughnessy, D.O.
Email - membership@flmedical.org
Phone - (800) 762-0233

Need help with life's difficulties?

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

Annual Medicial Service & We Care Award Nominations Are Open

We have 8 physician and 2 non-physician categories. Nominate someone deserving today!

Our Annual Awards will be held on January 26, 2018 - Hyatt Regenccy Coconut Point.

Please find Nomination form within the Bulletin.

Dr. Michael Edward Steier
May 7,2017

Dr. Michael Edward Steier, age 75, of Atlanta and formerly Brooklyn, New York and Fort Myers, Florida, died May 7, 2017.

Dr. Steier was a cardiac surgeon with Cardiac Surgical Associates of Southwest Florida until his retirement as a surgeon in 1998. After his retirement, he volunteered with various medical relief groups as a family physician providing care to those in need.

Survivors include his wife, Christie Steier, and loving children.

In lieu of flowers, memorial donations may be made to American Society for the Prevention of Cruelty to Animals ASPCA (aspca.org).

Interment will be at Craig Memorial Gardens in St. Augustine, FL. Arrangements by Dressler's Jewish Funeral Care, Atlanta (770) 451-4999. Sign online guest book at www.jewishfuneralcare.com.

Millennial Medicine
By Clay Duval, MD

"Must another few hours", I thought to myself. It was the end of a long work week. While my mind and my spirit were excited about all that I had learned that week in the hospital and the patients I had been able to serve, my body was very tired and my attitude was even a little bit cranky compared to my normal convivial persona. Sipping on a caffeinated beverage (a resident physician's solution to most problems), I turned the corner and was shocked to see a big fluffy dog. There was an instant boost in energy, and a smile lit up my face. After a nod of approval from the owner of the pet therapy dog, I quickly got down and began to give my new furry friend some encouraging pats on the back and a scratch behind the ears. As the elevator arrived and we all boarded, virtually everyone in the elevator did the same. Employees and patients alike all were elated and eager to bond with this canine companion.

That encounter got me to thinking and wondering about the impact dogs (and pets in general) have on human health. While in medical school we all surely did learn about the various zoonotic diseases, there seems not to have been as much discussion regarding the benefits of pet ownership. So I endeavored to do some research on the topic. What I found was intuitive, but nonetheless surprising.

Dog ownership overall has a consistent and positive impact on health. The relationship between humans and their pets, specifically dogs, goes back to at least 12,000 years. An article published in Nature in 1978 described the 12,000 year old remains of an elderly human in the Natufian region of what is now Northern Israel alongside a 4-5 month old puppy. This was interpreted as objective evidence of an emotional bond between dog and human. More recently, an article published in Science showed that serum oxytocin levels are elevated in both the canine and the human when a dog owner stares into the eyes of the dog. Oxytocin, in addition to its role in uterine contractions, is that "feel-good" hormone that is involved in social bonding. To this day, likely even many people reading this article now can relate to the impact pets have on their emotional lives. But what is even more fascinating is the impact pets have on their humans' physical lives as well.

An NIH funded study of 2,500 adults aged 71-82 found that those who walked their dogs were less likely to be obese than those who didn't own or walk a dog. Further, those who regularly walked their dogs had greater mobility and could walk faster and for longer than those who did not regularly walk or own dogs. Another study looked at 421 adults who suffered heart attacks and found that the 1-year survival was significantly higher in the pet owners (independent of heart attack severity) than in the non-pet owners. Other studies have quantified beneficial differences in blood pressure, cholesterol levels, triglyceride levels and metrics of loneliness in pet owners. Surprisingly, a study by Thahan in 2008 showed that pet ownership was associated with a reduced risk of Non-Hodgkin's Lymphoma and Diffuse Large Cell Lymphoma.

Pet ownership can sometimes be associated with positive modulations in the immune systems of children exposed to them. Studies have shown that newborns who had a dog at home were much less likely to experience atopic dermatitis or wheezing prior to age 3. In fact, exposure of pregnant women to dogs also decreased their unborn child's subsequent risk of atopic dermatitis or wheezing. Further, research published in Microbiome in 2017 showed that exposure to furry pets influenced the gut microbiota of infants aged 3-4 months following various birth scenarios. Significantly, exposed infants had higher levels of 2 strains of bacteria associated with reduced childhood allergies and obesity.

Lastly, dogs may not only be therapeutic allies in the future but also become diagnostic allies as well. Dr. Ferrando of the UAMS (University of Arkansas for Medical Sciences) recently showcased the work of his rescue dog, Frankie, at a national endocrinology meeting. After training Frankie to differentiate the smell of urine of patients with thyroid cancer from the urine of those without thyroid cancer, Frankie was able to correctly match 30 out of 34 samples of urine. Frankie's clinical exam had a sensitivity of 86.7% and a specificity of 89.5% for detecting thyroid cancer - I daresay that's better than you or I could do with just our five senses and a cup of urine! And interestingly, Frankie is not alone. Similar results were accomplished in France with the use of Belgian Malinois Shepherds who were trained to be able to detect prostate cancer in 30 out of 33 cases. Afterwards, one of the patients that had been "wrongly" deemed to have cancer by the canines had a repeat biopsy which was in fact diagnostic for prostate cancer. Their sensitivity and specificity for detecting prostate cancer were both 91%. Wow!

For the last several months, my wife (Dr. Elizabeth Duval, also a resident physician with the FSU Family Medicine Program) had been mentioning to me how badly she wanted a puppy. After reviewing the scientific literature and also after meditating upon one of my principle life philosophies ("Happy Wife, Happy Life"), I decided to drive Lizz and I down to the local Gulf Coast Humane Society. There we met the newest member of the Duval family, Stella! She is an 8-week old german shepherd mix with a spunky yet kind personality. It was love at first sight. Although there is no doubt that adopting a pet into your family is a major responsibility, for us the burdens are nothing compared to the blessings. I've already noticed that I'm exercising more, more relaxed and more present in the moment. Perhaps the next time you pick up your prescription pad, consider writing a script for a puppy as well.

Prescribing Opioids Safely: How to Have Difficult Patient Conversations

By: Roneet Lev, MD, Chief of Scripps Mercy Emergency Department, San Diego, CA

Drug overdose is the leading cause of accidental death in the U.S., and opioids account for over 60 percent of those deaths.[1] While opioids are effective pain medications when used in the proper setting, concerns arise when the patient's condition lasts longer than three months, and prescribing more medication does not necessarily result in better pain control.

Building a strong doctor-patient rapport can help facilitate tough conversations with patients about opioid prescriptions and reduce risks that could lead to malpractice suits. The Doctors Company reviewed 1,770 claims that closed between 2007 and 2015 in which patient harm involved medication factors. [2] In 272 of these claims (15 percent), the medications were narcotic analgesics. Sixty-four percent of these claims were in the outpatient setting, including:

- Physicians' offices and hospital clinics (78 percent).
- Ambulatory and day surgery (10 percent).
- Emergency room (9 percent).
- Patient's home (3 percent).

The admitting diagnoses for these outpatient narcotic-related claims were pain not otherwise specified (NOS) (24 percent), spine-related pain (22 percent), joint/extremity-related pain (9 percent), mental health issues (6 percent), and drug abuse/dependence (4 percent).

Patient allegations for these claims included improper medication management or treatment (70 percent), wrong dose (9 percent), and wrong medication (3 percent). Final diagnoses in these claims included poisoning by methadone, heroin, and opiates/narcotics NOS (76 percent) and drug dependence (8 percent).

Communication problems are among the patient-contributing factors that lead to injury, appearing in 40 percent of claims.[3] Incomplete or unclear communication can compromise patients' ability to understand the doctor's instructions and, especially in the case of pain medications, also make them feel as if the doctor doesn't care about their issues or concerns.

These tips can help when dealing with opioid requests and prescriptions:

- Don't make the mistake of jumping to conclusions that the patient is a drug seeker because the patient is there repeatedly for the same pain complaint. It could instead be a situation of missed diagnosis. Treat this patient like any other patient. Take a good history, including a very detailed medication history. Do a thorough physical examination. See if something was missed on previous visits.
- our prescription drug monitoring program (PDMP) is a valuable tool, like checking allergies and old records. Use the PDMP to learn about your patient's prescription patterns, not just to check for doctor shopping.
- Medication refills for chronic conditions should have a medication agreement. ONE doctor and ONE pharmacy should prescribe controlled medication given for three months or more. This is true for dental pain, fractures, fibromyalgia, cancer, anxiety, and ADHD. If you see a patient for the third month of a controlled medication, start a medication agreement if you plan on continuing this therapy.

- Opioid withdrawal is uncomfortable but not life-threatening. New patients who present to a new pain specialist should not immediately be given the pain medications they state they need. A pain specialist typically completes thorough research before making medication recommendations and it could be two weeks before the patient is placed on a regular regimen. You may find it necessary to send a patient home without a pain prescription if that patient has already received one in the past month from a different provider.
- When patients say that their medication is not working, ask the patient, "How are you taking the medication?" You'll be surprised how many patients used 400 mg of ibuprofen twice a day and it was not enough. Taking a detailed medication history and providing patient education about the right dosage, right timing, and side effects to be aware of is essential to medication safety.
- When you hand a patient a prescription for a controlled medication, add a few words to let the patient know that these are serious medications: "I will give you a prescription for Norco. Please realize that this is a medication that can be abused. Keep it secure, take it only as prescribed, and do not drive if not fully alert."
- Be aware of the level of health literacy of the individual patient, and adjust your language appropriately. Ask patients to repeat back the information you gave to ensure they properly understand.
- Communicate the risk of medication theft to patients. Patients who are on a chronic treatment plan should know to watch their medication as closely as they would their money.

Get more safe prescribing resources at www.SanDiegoSafePrescribing.org and learn more about effective doctor-patient communication at www.thedoctors.com/askme3.

References

1. Increases in drug and opioid-involved overdose deaths—United States, 2010-2015. Centers for Disease Control and Prevention. December 30, 2016. https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm. Accessed January 26, 2017.

2. Analysis of medication-related claims from The Doctors Company. The Doctors Company. http://www.thedoctors.com/KnowledgeCenter/Publications/TheDoctorsAdvocate/Analysis-of-Medication-Related-Claims-from-The-Doctors-Company. Accessed April 17, 2017.

3. Patient-centered communications: Building patient rapport. The Doctors Company. http://www.thedoctors.com/KnowledgeCenter/PatientSafety/articles/Patient-Centered-Communications-Building-Patient-Rapport. Accessed January 9, 2017.

Florida Supreme Court Ruling Means Asset Protection is a Must

By: Jeff Cohen, Esq, Florida Healthcare Law Firm

As expected for some time, Florida's limits on non-economic damages has been ruled unconstitutional by the Florida Supreme Court. This event will likely drive medical malpractice premiums up and have healthcare providers reexamining (a) whether it makes more sense to "go bare" (without liability coverage), and also (b) their corporate structure to minimize exposure to professional liability claims.

Asset protection strategies are not new, but they tend to especially rise and fall with the cost of medical malpractice coverage. When the cost of med mal insurance coverage rises, healthcare providers of all kinds wonder whether it makes more sense to both go bare and also structure their organizations in ways that reduce exposure to med mal claims.

Physician Asset Protection
Medical Malpractice Cap

CORPORATE STRUCTURE FOR ASSET PROTECTION

The principal ways healthcare businesses use structure to reduce med mal exposure is through various healthcare corporate entities. Limited liability companies and holding company models are especially attractive to healthcare providers.

Another way for healthcare providers to reduce their med mal risk is to augment their regulatory compliance policies, which can have the effect of not only reducing regulatory risk, but also enhancing their clinical practices and best practice documentation.

Florida healthcare providers have to be very careful, however, given some of the deficiencies of state law, such as the provision that can result in liability to single member (owner) limited liability companies. Owners of Florida limited liability companies that don't have two or more owners need to take a step back and consider their corporate structure.

In the face of the court's ruling, healthcare providers are forced to anticipate increased med mal risk and to plan for it with effective and proven asset protection strategies and corporate structure plans

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