LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Editor: Mary Blue, M.D.

Volume 38 Issue 3

March 2014

2014 Meetings & Events

LEE COUNTY MEDICAL SOCIETY
MARCH MEETING CANCELLED
(Due to membership scheduling conflicts)

APRIL
LCMS Alliance
Doctor's Day Celebration
Friday, April 18, 2014
FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

MAY GENERAL MEMBERSHIP MEETING
Thursday, May 15, 2014
FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

RSVP to: Lee County Medical Society
13770 Plantation Road, Ste 1
Fort Myers, FL 33912
Tel: 936-1645 • Fax: 936-0533
Email: Valerie@lcmsfl.org

Diving Pelican, Sanibel, Florida
by Dirk Peterson, M.D.

Inserts:
Park Royal Behavioral Health Services

Inside This Issue:

LEE COUNTY MEDICAL SOCIETY BULLETIN

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The editors welcome contributions from members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society. Advertisements do not represent sponsorship or endorsement by the Lee County Medical Society nor necessarily implies the accuracy or reliability of any advertisement displayed in this publication.

PRINTERS
The Print Shop

Lee County Medical Society Mission Statement & Disclosure Policy

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

All LCMS Board of Governors and Committee meeting minutes are available for all members to review.

Membership News

New Applicant

Blake J. Evans, MD – Dr. Evans received his MD degree from the University of Cincinnati College of Medicine, Cincinnati, OH from 2004-2008. He completed an internship and residency at the University of Florida, Gainesville, FL from 2008-2013. Dr. Evans was board certified in Urology by the American Board of Urology in 2013. He is in group practice with Southwest Florida Urologic Associates, 507 Del Prado Blvd., Cape Coral, FL 33990 Tel: 239-772-0500.

MEMORIAM

John B. Fenning, M.D.

1/11/1933 - 2/18/2014

Our friend and colleague, **John B. Fenning, M.D.** Passed away on Tuesday, February 18, 2014.

Dr. Fenning joined the Medical Society in 1971 and remained a member for 43 years in the specialty of orthopedic surgery. Dr. Fenning received his M.D. from the University of Vermont. He completed his residency while serving in the U.S. Navy in Portsmouth, VA and at Duke University, NC. Dr. Fenning retired from Joint Implant Surgeons in 2012.

He was passionate about his medical profession and felt his patients deserved the very best.

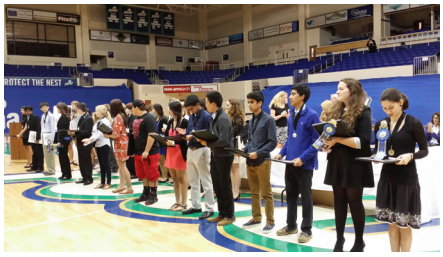
Dr. Fenning was internationally known for his expertise in orthopedic surgery, training surgeons from around the world and serving as guest lecturer for conferences. He worked as a consultant with manufacturers to help develop total joint implants, and he has developed several programs within the area, including the scoliosis screening program for the Lee County School District.

The members and staff of the Lee County Medical Society express our deepest sympathy to his wife, Fran and family.

57th Thomas Alva Edison Kiwanis Science & Engineering Fair

The Science Fair went very well. One of the smoothest ever. There were no problems or issues at all in the judging process. This is a testament to the quality of our judge volunteers, especially those from the medical community. We truly appreciate the help of the Medical Society in recruiting volunteers to judge every year and the dedication of all of the medical professionals who volunteer. There were 420 students from middle and high schools in Lee and Charlotte Counties competing in the 57th Annual Thomas Alva Edison Kiwanis Science and Engineering Fair. This included students in public, private and charter schools as well as home schooled students. There were many significant prizes awarded, including thirty 4-year scholarships from Florida Gulf Coast University, and scholarships from Hodges University and Edison State College.

The top award winners were:



Senior Division: Best of Fair: Jay Chandar, Canterbury High
1st Runner-Up (Team): Ahmed Ahad and Varun Varshney, Canterbury High
2nd Runner-Up: Maxwell Norleans, Fort Myers High

Junior Division: Best of Fair: Arushi Chandok, Dunbar Middle
1st Runner-Up: Samuel Staley, Charlotte Academy
2nd Runner-Up: Olivia Humpel, St. Charles Borromeo

President's Message:

by Peggy Mouracade, MD

"Be careful for what you wish"

"Be careful for what you wish"—As a child, I was often told this, particularly when granted a most coveted item or privilege. However, as I became older, I recognized that with the acceptance of the item or privilege, came the ownership of maintenance and responsibility, neither of which was obvious at the time of acquisition, and with time often tarnished the initial joy and diminished the value of the gift.

The dreaded SGR (Sustained Growth Rate) which plagues all physicians accepting Medicare payment has finally been addressed in a permanent manner with proposed legislation entitled "2014 SGR Repeal and Medicare Provider Payment Modernization Act." This was drafted over many months and is a bicameral, bipartisan endeavor involving members of three major congressional committees (Senate Finance, House Energy and Commerce and House Ways and Means) . The SGR was part of the Balanced Budget Act of 1997 and in essence was to be a means to ensure that the yearly increase in the expense per Medicare beneficiary did not exceed the growth in GDP. Basically four factors were used in calculating the rate these being the estimated percentage change in fees for physicians' services, the estimated percentage change in the average number of Medicare fee for service beneficiaries, the estimated 10 year average annual percentage change in real GDP per capita and the estimated percentage change in expenditures due to changes in law or regulations. A conversion factor then would be calculated each year in order to meet the SGR. Since 2003, it has been repealed annually as if applied would have been onerous in terms of physician livelihood. Unfortunately each delay has been costly and has provided much angst and upheaval within the medical community.

This bill would remove the SGR and instead would provide for 0.5 % annual increase from 2014 to 2018. Rates from 2018-2023 would remain fixed with opportunities to receive additional payment adjustments through a merit-based incentive payment system referred to as MIPS. In 2014 and subsequent years, APM's (alternative payment model) that meet certain requirements would receive 1% annual increases while all other providers would receive 0.5% annual increases. So, our wish of SGR repeal is to be granted and in its place is a 5 year protected period in which theoretically no decrease is to occur and then a 5 year period of phased in adjustments which can be both negative and positive.

MIPS is the basis and structure of how future payment will occur. It will consolidate current incentive programs such as PQRS (Physician Quality Reporting System), VBM (Value-Based Modifier) and EHR MU(Meaningful use of EHR) by developing a composite scoring system that encompasses quality, resource use, meaningful use and clinical practice improvement activities. It is proposed that evaluation of the above categories will result in a composite performance score. Each score will be compared to a performance threshold. Payment adjustments will follow a linear distribution with the concept that the negative payment adjustments will fund the positive payment adjustments with annual caps through 2021 (negative 4% in 2018 and ending with 9% in 2021). There is verbiage to reward "exceptional performance" which is set to be 25% above the initial performance threshold with a total cap of $500 million per year for 2018-2023. This data as well as utilization and payment data will be made available on the Physician Compare website.

There is broad language in terms of addressing MIPS in that there is recognition that individual specialties have different needs and requirements and that the system needs to be able to fit all. Scoring weights may need to be adjusted to account for the ability to report on a measure as well as to ensure equitable basis. Also there is recognition that physicians practice in different settings and the possibility of being scored as a group, entity or specialty exist. There is also language to support physician involvement and input in devising the core measures set for evaluation. Although the final price tag has not been sorted, there is recognition that funding will need to be available for further research and development of these categories and will need to be budgeted accordingly.

There remains a centered focus on development and participation in APM's. Practices that receive a significant share of their revenue from being an APM that involves risk of financial losses and quality measurement component will receive a 5% bonus each year from 2018-2023. Patient-centered medical home APMs will be exempted from downside financial risk requirement if proven to work in the Medicare population. Interestingly enough, the criteria to qualify also will include payment from other payers so as to not penalize those that do not have a Medicare APM in their area. If a practice qualifies for the bonus they will be excluded from MIPS assessment and most EHR requirements. There is language to encourage the testing of APM's relevant to specialty professionals, professionals in small practices and those that align with private and state-based payers.

At the time of submission, a limited and partial summary of the proposed bill was available for review. With time and presentation to Congress for passage, hopefully more details will become available. The AMA which is supportive of this bill has provided a focused summary of what has been made available. Please take the time to review as this has been forwarded by email to the members by the Medical Society staff. What needs to be realized is that there has been no projected cost or means to fund this bill. Only time will tell if this bill becomes law whether the "gift of a permanent fix for the SGR" will be tarnished and /or diminished by the encumbrances attached to " modernize" Medicare payment and also by the price tag.

Recruit three new members this year and your 2015 dues will be free of charge.

HOPE CLUBHOUSE Creates Opportunities for People Living with Mental Illness

By: Debra Webb, MPA,APR, CEO, HOPE Clubhouse

HOPE Clubhouse is one of 350 clubhouses around the world that are accredited from International Clubhouse out of New York. A Clubhouse is a community intentionally organized to support individuals living with the effects of mental illness. The reality for most people with mental illness is that they have a constant sense of not fitting in, of isolation, and rejection. It is important for them to have friendships, family, important work, employment, education, and access to services and supports they may individually need. HOPE Clubhouse focuses on their strengths and ensures they get all their needs met.

WHAT ARE THE CLUBHOUSE PHILOSOPHY AND VALUES?

The members and staff of HOPE Clubhouse work side-by-side to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. Clubhouse staffing levels are purposefully kept low to create a perpetual circumstance where the staff will genuinely need the members to help accomplish the work of the Clubhouse. Thus, membership in a Clubhouse community gives a person living with mental illness the opportunity to share in creating successes for the community. At the same time, he or she is getting the necessary help and support to achieve individual success.

The Clubhouse Model has proven that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness. Clubhouse communities around the world hold the conviction that work, and work-mediated relationships are restorative and provide a firm foundation for growth and important individual achievement.

- Work-ordered Day – The daily activity of a Clubhouse is organized around a structured system known as the work-ordered day. The work-ordered day is an eight hour period, typically Monday through Friday, which parallels the business hours of the working community. Members and staff work side by side, as colleagues, to carry out the work that is important to their community.
- Employment Programs – Clubhouses offer a tiered employment program designed to integrate interested members back into meaningful and gainful employment.
    - The first tier is **Transitional Employment (TE)**, in which members can work in meaningful part-time jobs outside the Clubhouse procured through partnerships with community entities and businesses. The member selected by the Clubhouse community for these positions are trained by a clubhouse staff who is in charge of that particular placement. As an incentive to the employer, job attendance and performance are guaranteed, as a staff and/or member will support or even fill-in for the clubhouse member if he or she needs to be absent for any reason. Each member contribution at a TE position is designed to be transitional and temporary, lasting for six to nine months, as these positions belong to the clubhouse, and are designed in such a way so that ideally all members will have an opportunity to work.
    - The second step is **supported employment**, in which the clubhouse helps an interested member obtain his or her own employment and serves as a resource and support for resume makeup, interviewing skills, transportation, and employer liaisons.
    - The final step is **independent employment**, in which the member is meaningfully and gainfully employed without the intervention (but always the support) of HOPE Clubhouse.

For more information on how to make a referral to HOPE Clubhouse, please call 1-239-267-177 or visit our website at www.hopeclubhouse.org.

MED STATS

New AMA Policy Research Perspective on Physician Compensation Methods

A new AMA Policy Research Perspective summarizing data from a 2012 survey of physicians provides a rare glimpse into how non-solo physicians are paid by their practices. The data suggest that there is no "one-size-fits-all" characterization of payment methods. While 53.1 percent of non-solo physicians received all or the largest share of their compensation from salary, for 31.8 percent, all or the largest share was based on their personal productivity. The survey also highlights that "salaried" is not synonymous with "employed." Although more than three-quarters of employed physicians counted salary as a contributor to their compensation, 44.0 percent of non solo owner physicians did as well. Final compensation is often based on a blend of different methods. Thirty percent of non-solo physicians depended on two payment methods, and 17.9 percent depended on at least three.

One day your life will flash before your eyes. Make sure it's worth watching...
author unknown

What's the latest word on Park Royal?

by Dayna Harpster, Community Relations, Park Royal Behavioral Services

Park Royal Hospital.

To local substance abuse professionals, those words might call to mind continuing education workshops we recently sponsored with Hazelden Naples about struggles with addiction that are specific to women.

Clinicians, law enforcement officers and senior living administrators may be reminded of a session they attended on the Baker Act, since Park Royal Hospital is a certified receiving facility.

A local physician may think of the great treatment available at our inviting freestanding hospital that is surrounded by ponds and greenery – and most important, the fact that at Park Royal, patients with psychiatric and substance abuse diagnoses can have certain co-occurring physical problems addressed as well.

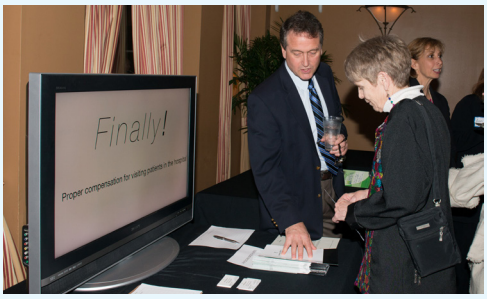
The adult daughter whose mother needs help coping with life's challenges will find out – and maybe tell others – that Park Royal Hospital is the only inpatient psychiatric facility in Lee County that accepts Medicare, along with most other insurances including the managed Medicaid plans.

And the most resounding voices are those of former patients. "One of the best things about coming to Park Royal: I'm finally beginning to love myself, something I never thought possible." "I have no doubt in my mind that I can achieve lasting sobriety and recovery if I continue the work I began here." "I needed the help and thanks to the wonderful staff, I knew I would get better." Those are quotes from three of them.

With 103 beds, Park Royal's accredited inpatient older adult, general adult intensive treatment and co-occurring substance abuse disorders units are the centerpiece of a full-service behavioral health organization. Park Royal also offers intensive and personalized outpatient programs.

Your needs can always be addressed by speaking with one of our counselors at 239-985-2760. The assessment is free. We're in Fort Myers across from Health Park Medical Center**.** See www.parkroyalhospital.com. We're changing lives every day.

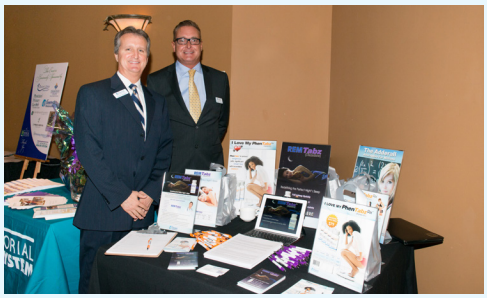
With Deep Gratitude, We Thank the Generous Sponsors of the Annual Medical Service Awards Event



Cypress Medical Consultants, LLC - Dr. and Mrs. Kordonowy

Radiology Regional - Angela Zauner and Rebekah Pray

Doctor's Choice Home Care, Inc - Amy Carroll



Gentech Pharmaceutical - Ashley Gibbs. Sr. and Gary Geston

Lee Memorial Health System - Leif Diaz

EDISON STATE COLLEGE
School of Health Professions

Edison State College - Marie Collins, RDH, EdD and Jeff Elsberry, RRT, PhD

del bianco GENERAL CONTRACTING

Del Bianco General Contracting, Inc - Ron Del Bianco

Physicians' Primary Care OF SOUTHWEST FLORIDA

Physician's Primary Care - Joanna Carioba, M.D. and Jon Burdzy, D.O.

Henderson | Franklin ATTORNEYS AT LAW

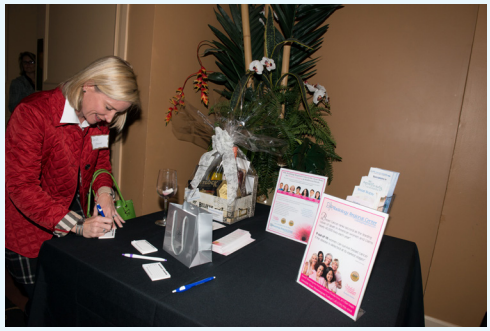
Henderson, Franklin, Starnes & Hold, PA - John Potanovic and Heather Wells

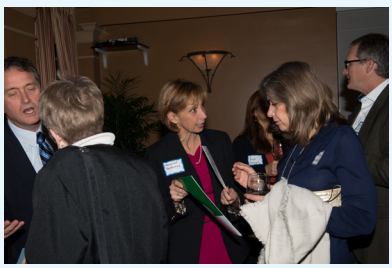
Congratula
2014 Annual Medical Se

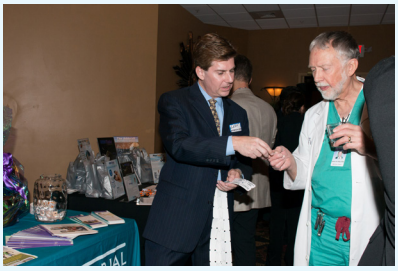
2014 Annual Medical Service Award Recipients Armis
R.N.; Thomas Carrasquillo, M.D.; Robert Arnall for Ro

Emcee's for the evening were... Chloe Morroni - ABC7
and Craig R. Sweet, M.D., Awards Chair

Candid





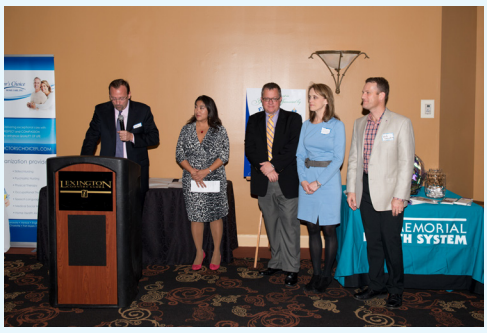


tions to our rvice Awards Recipients

h Sharma, M.D.; James W. Orr, Jr., M.D.; Laurie Wise, bert E. Arnall, M.D. (Deceased); and Lowell Hart, M.D.

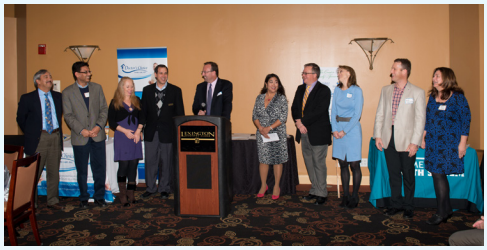
Entertainment for the evening was provided by: Boz & Bon Togetha Forevah Band

LCMS Installs and Welcomes 2014 Officers and Board of Governors

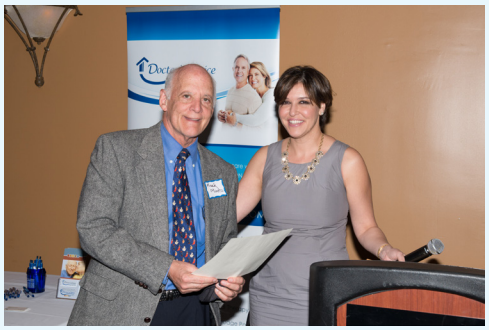


2014 LCMS Officers being sworn in by Dr. Macchiaroli. Peggy Mouracade, M.D. , President, Jon Burdzy, D.O., Secretary, Shari Skinner, M.D., Treasurer, Andrew Oakes-Lottridge, M.D. President-Elect

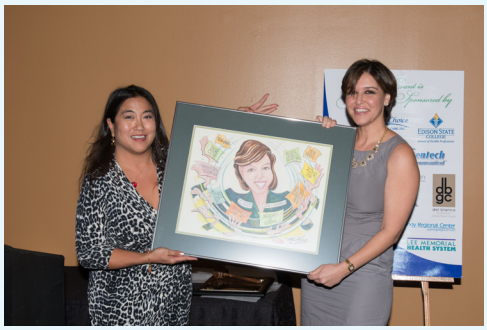
Robert and Ann Arnall receiving the posthumous award for Robert E. Arnall, M.D.



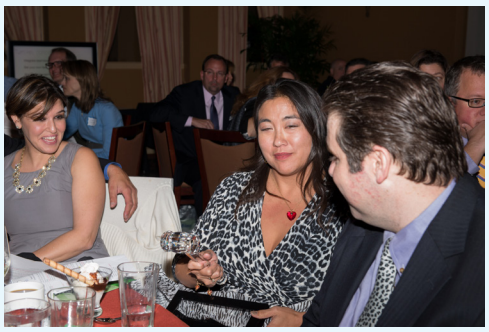
LCMS 2014 Board of Governors



Mark Mintz, M.D. Receives Certificate for 35 Year membership from Past President, Audrey Farahmand, M.D.

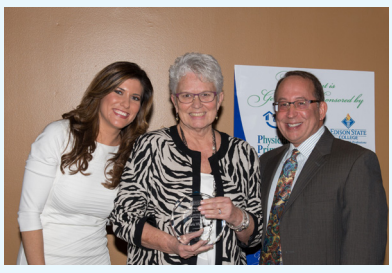


2014 LCMS President Peggy Mouradae, giving out going President, Audrey Farahmand, M.D. a gift from the LCMS.



President Mouracade receiving a crystal gavel from her husband Tom

Photos



SalusCare
Recovery Begins Here

Submitted by: Donald J. Baracskay II, MD, MBA, Vice President, Chief Medical and Operating Officer

ABOUT SALUSCARE

SalusCare, Inc. was formed July 1, 2013 when two long-standing area healthcare providers, Lee Mental Health and Southwest Florida Addiction Services (SWFAS), merged into one new non-profit organization offering outpatient, emergency/detoxification services, prevention programming, community-based services and residential treatment for individuals with mental illness and substance use disorders from seven locations in Lee County. A majority of SalusCare's programs are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities.

HOW SALUSCARE CAN ASSIST YOU

SalusCare is here to assist any physician, as a consultative partner, when diagnoses may be unclear, or a patient exhibits signs or symptoms that may indicate a mental illness or substance use disorder. To access this service, simply call our Welcome Center at (239) 275-3222, and identify yourself as a physician requesting a consultation.

As healthcare providers, we should never discount the power of combined treatments. Although medications often alleviate symptoms, many patients have life stresses, historical traumas, or serious personal doubts that benefit more from counseling, and SalusCare stands ready to provide that service. For substance use concerns, group treatments consistently provide superior results to any available medications. SalusCare offers a full range of therapy services, including group and individual sessions, which complement the prescribing done through any physician's office. In fact, research studies have demonstrated therapy is equally effective to medications for depression and anxiety. When medications and therapy are provided together, the results are even better.

No-charge intake screenings for new, non-emergency patients are conducted Monday – Friday from 8:00 am – 1:00 pm on a walk-in basis at our Evans Campus (3763 Evans Ave., Ft. Myers, 33901) or our Ortiz Campus (2789 Ortiz Ave., Ft. Myers, 33905).

Patients should be encouraged to call our Welcome Center at (239) 275-3222 Monday - Friday, 8:00 am – 5:00 pm with questions about programs or services, and to schedule their outpatient psychiatry or therapy appointments www.saluscareflorida.org.

Happy Doctor's Day, March 30th, 2014

The Cashflow Remedy

BY Jeff Neher & Peter Montalbano, CFP®
Capital Guardian Wealth Management

Cash flow is a sought after commodity as physicians face increased expenses and the uncertainty of future reimbursements. So is there a way to generate consistent cash flow in an investment portfolio without taking on unnecessary risk?
One idea physicians are considering to add a cash flow component to investment portfolios is selling Covered Calls and Cash Secured Puts.

For many, the concept of Options equates to complex and risky transactions and there certainly are options strategies which fit that bill. However, selling Covered Calls and Cash Secured Puts are conservative methods which provide the potential for market participation and enhanced cash flow.

So, how does it work?

Selling a Covered Call is a type of transaction that immediately deposits cash into one's account (the premium) but offers their 100 shares of stock to be sold at a specific price. These cash premiums can produce much better yields than most dividends and coupon rates.
Selling a Cash Secured Put is another way to achieve a higher cash flow yield (the premium) while staying in cash awaiting the purchase of 100 shares of a stock or an ETF at a lower price from when the option trade was put on.

You can utilize both strategies in a portfolio depending upon market outlooks and the cash flow targets you set out to achieve. Daily monitoring and trading the option contracts on a constant and proactive basis are the keys to successful options trading.
These strategies can be effective, but as with any investment idea it has to align with your risk tolerance, time horizon and liquidity requirements. It is best to consult a seasoned professional and learn as much as you can before embarking on any investment program.

Ways to get involved with your local medical Society

1. Write occasional articles for the Bulletin.
2. Take photos to be published in the Bulletin.
3. Become a key Contact person for your local legislators.
4. Be a mentor for a new LCMS member or new physician to the area.
5. Attend our informative meetings
6. Nominate someone deserving for an award.
(www.lcmsfl.org)

AMA News

Stakeholders Consensus Document on Prescribing and Dispensing Controlled Substances

Stakeholders:
American Academy of Family Physicians, American Medical Association (AMA), American Osteopathic Association, Cardinal Health, CVS Caremark, Federation of State Medical Boards (observer), National Association of Boards of Pharmacy (NABP), National Association of Chain Drug Stores, National Community Pharmacists Association, Pharmaceutical Care Management Association, Pharmaceutical Research and Manufacturers of America, Rite Aid, Walgreen Co.

Background:
The Stakeholders Meeting on Prescribing and Dispensing Controlled Substances was held on October 2, 2013, at NABP Headquarters in Mount Prospect, IL. The Stakeholders Meeting was convened to discuss the strategies employed by the stakeholder organizations to address the prescription drug abuse epidemic and the actions taken to ensure the validity of controlled substance prescriptions and verify that there is a legitimate medical need for the issuance and dispensing of such prescriptions. Representatives from the participating organizations provided their perspectives on the prescription drug abuse problem and described the challenges faced within their respective practice environments. On December 19, 2013, stakeholders met a second time at the AMA Offices in Washington, DC, to further discuss the issues and to finalize this Consensus Document on Prescribing and Dispensing Controlled Substances.

Consensus:
The participants agreed that stakeholder coordination and collaboration must be improved in order to combat the serious public health issue of prescription drug abuse and diversion, while also complying with the "corresponding responsibility[1]" requirements of federal and state laws and regulations. Such collaboration is essential to ensuring that this public health problem is addressed while at the same time ensuring that patients continue to receive responsible and effective patient care. The participants also recognized that the actions taken were not intended to intrude into the scopes of practice or authority of other stakeholders. Stakeholder representatives discussed the need for reviewing practices and policies they have implemented to help ensure that they comply with their legal responsibilities, with the intention of restoring and improving the collaboration and coordination between stakeholders. Stakeholder representatives agreed that two additional consensus documents will be drafted and finalized pending the group's approval. The first document will identify the circumstances or "red flags" under which actions should be initiated to ensure the legitimacy of a controlled substance prescription. The second document will provide guidelines on how to engage in and improve the dialogue and collaboration among stakeholders so as to address "red flags" in the issuance or dispensing of prescriptions and in the distribution of drugs to practitioners and pharmacies, with the intent of eliminating confusion caused by the diversity of current proprietary policies.

The following organizations contributed to the development of this Consensus Document and acknowledge their support.

American Academy of Family Physicians
American Medical Association
American Osteopathic Association
Cardinal Health
CVS Caremark
Federation of State Medical Boards (observer)
National Association of Boards of Pharmacy
National Association of Chain Drug Stores
National Community Pharmacists Association
Pharmaceutical Care Management Association
Pharmaceutical Research and Manufacturers of America
Rite Aid
Walgreen Co.

21 CFR 1306.04 Purpose of issue of prescription. (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

County Funded Behavioral Health Services

Article submitted by: Ann Arnall

Is doing merely what you are required to do always the best way to address an issue? Usually most people would agree the answer is no. This holds true when the issue is funding for behavioral health services in Lee County. Florida Statute requires Counties to provide local match for mental health and substance use treatment services. Lee County funds SalusCare, Inc., the local community-based behavioral health treatment provider $4,281,835 annually, which is significantly more than the required match. The Lee County Board of County Commissioners commitment to expand treatment services stayed consistent even during the recent challenging economic times. County funding is used to provide specific behavioral health treatment for adults and children who have no other means to access care.

In a recent State Mental Health Association survey published by the Kaiser Family Foundation, Florida was the 47th lowest state in the nation for publicly funded per capita mental health expenditures. Florida's rate per capita was $39.55 compared with the national average of $120.56. I think we would all agree that we have a long way to go to improve access to mental health care in the State of Florida.

SalusCare, Inc. receives a funding from a variety of sources but a large amount comes from state general revenue dollars through a contract with Central Florida Behavioral Health Network (CFBHN). CFBHN serves as the managing entity for several Florida Counties. The State of Florida adopted the managing entity concept in 2008 to promote improved access to care and service continuity by creating a more efficient and effective management system of substance abuse and mental health services. Much has been accomplished through better contract management and data analysis but there is still a lot that can be done to improve service delivery.

Another important payment source for behavioral health services is Medicaid. The Patient Protection and Affordable Care Act includes provisions to expand behavioral health care coverage, which should increase the availability of behavioral health care for insured patients. However, the decision to not expand Medicaid in Florida still leaves a segment of the population with limited access to behavioral health care. Another concern in Lee County is the number of behavioral health treatment providers who accept Medicaid or third-party insurance.

Many individuals without insurance are served daily at the Bob Janes Triage Center/Low Demand Shelter. This unique concept was developed under the leadership of the late Commissioner Bob Janes in order to improve access to care for adults who often cycled through a pattern of incarceration for low level offenses and inappropriately used hospital emergency rooms for primary or behavioral health care. This program is a collaborative effort between Lee County Human Services, SalusCare, Inc., the Salvation Army, and Lee Memorial Health System. Local support comes from all the partners that contribute cash and in-kind support as well as the Veterans Administration, federal law enforcement and shelter grants, the United Way, and the Lee County Homeless Coalition. Due to a recent reduction in state funding, program sustainability is a challenge and new revenue sources are continually being sought.

The Triage Center serves as model for other communities with a hospital in Windsor, Ontario, Canada, implementing a similar model. Additionally, the Triage Center recently won the local Uniting Nonprofits in Teaming for Excellence (UNITE) award established by Myers, Brettholtz & Co. and a national 2013 Hospital Charitable Service Award given by Jackson Healthcare. During its first five years of operation, the Triage Center admitted more than 2,100 individuals of which 95 percent are homeless and 97 percent are without insurance and in need of treatment services. Since opening in 2008, a 46 percent reduction in arrests for low level misdemeanor crimes has been realized in Lee County. This model has proved to not only save and change lives but also redirects valuable limited resources to treatment.

Lee County Medical Society

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