LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Editor: Mary Blue, M.D.

Volume 38 Issue 5

May 2014

2014 Meetings & Events

Thursday, May 15, 2014

GENERAL MEMBERSHIP MEETING

VISIT WITH YOUR LOCAL LEGISLATORS! HEAR WHAT'S AHEAD IN MEDICINE

Hilton Garden Inn
12600 University Drive
Fort Myers, FL 33907

HOLD THE DATE!
Friday, July 11, 2014

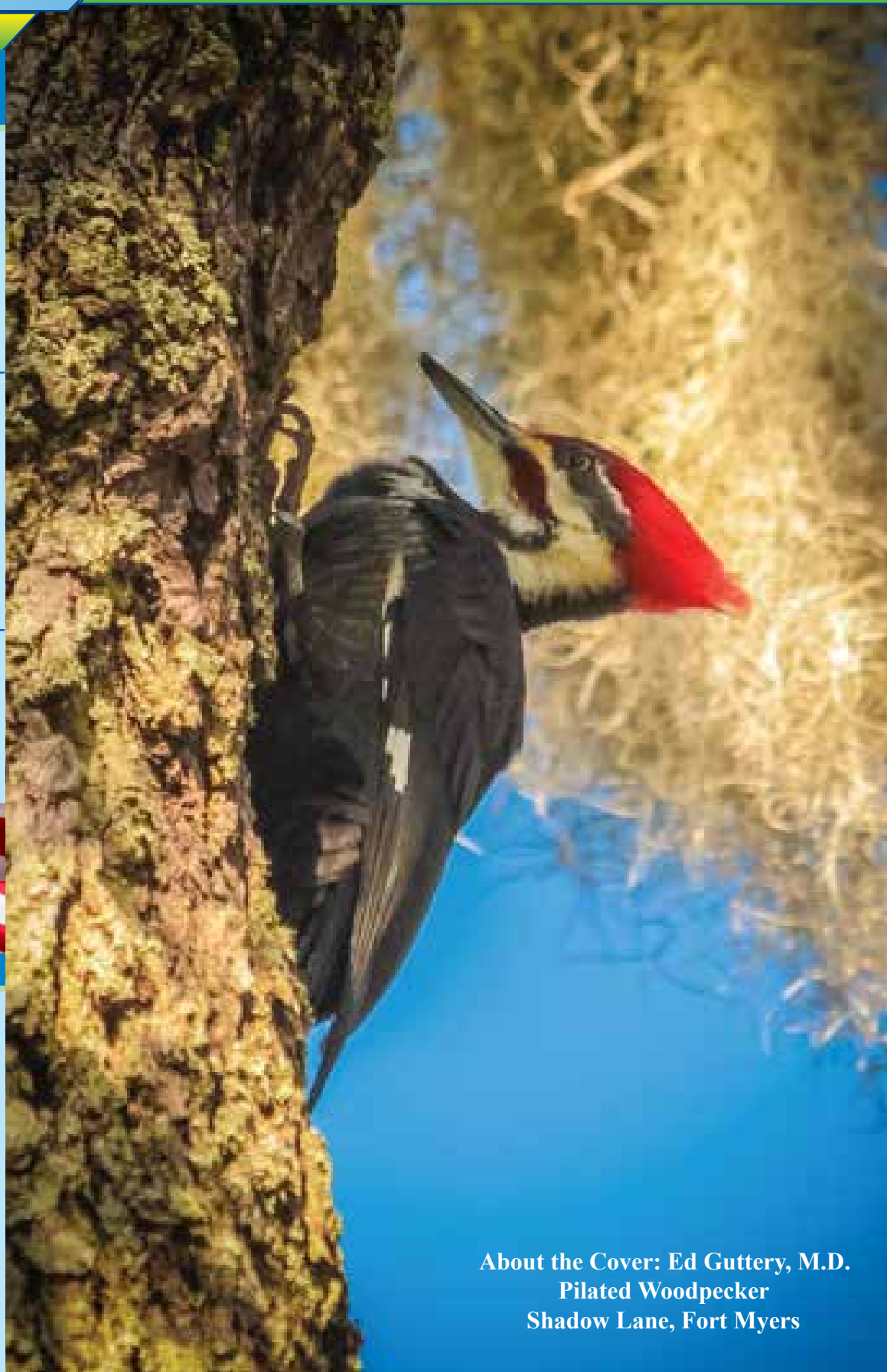
RECEPTION
INTRODUCING THE NEW LMHS RESIDENCY PROGRAM PHYSICIANS AND STAFF

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

Inserts:
RAC (Recovery Audit Contractor) Program Improvements
Sunshine Act Key Dates
May Meeting Notice

Inside This Issue:



About the Cover: Ed Guttery, M.D.
Pilated Woodpecker
Shadow Lane, Fort Myers

LEE COUNTY MEDICAL SOCIETY BULLETIN

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

PRINTERS
The Print Shop

Membership News

New Applicants

Camilo E. Guzman, MD – Dr. Guzman received his MD degree from Pontificia Javeriana University, Bogota, Colombia in 1995. He completed an internship and a residency at Albany Medical Center, Albany, NY from 2004-2009 and an Adult Reconstruction fellowship at Rubin Institute for Advance Orthopedics/Sinai Hospital, Baltimore, MD from 2009-2010. He is board certified by the American Board of Orthopedic Surgery. Dr. Guzman is in group practice with Orthopedic Specialists of SW Florida, 2531 Cleveland Avenue, Ste 1, Fort Myers, FL 33901 Tel: 239-334-7000.

Basudev Pudasaini, MD – Dr. Pudasaini received his MD degree from B.P. Koirala Institute of Health Sciences, Dharan, Nepal in 2003. He completed a residency at New York Medical College, Valhalla, NY from 2006-2009 and a Nephrology fellowship at Westchester Medical Center, Valhalla, NY from 2009-2011. He is board certified by the American Board of Internal Medicine in Internal Medicine and Nephrology. Dr. Pudasaini is group practice with Associates in Nephrology, 7981 Gladiolus Drive, Fort Myers, FL 33908 Tel: 239-939-0999.

New Location

John Tillett, MD
Specialists in Urology
6101 Pine Ridge Road, Desk 32
Naples, FL 34119
Tel: 239-434-6300

Brian Kurland, MD
Vascular & General Surgical Specialists
13782 Plantation Road, Unit 103
Fort Myers, FL 33912
Tel:; 239-936-8575 Fax: 239-936-7664

Lowell Hart, MD
Florida Cancer Specialists
8931 Colonial Center Drive, Ste 300
Fort Myers, FL 33905
Tel: 239-938-0800 Fax: 239-938-0890

Silvia Romero, MD
Florida Cancer Specialists
1708 Cape Coral Parkway W
Cape Coral, FL 33914
Tel: 239-541-4633 Fax: 239-541-1825

New Practice

Krista Zivkovic, DO
Zivkovic Family Medicine PA
949 Chiquita Blvd South
Cape Coral, FL 33991
Tel: 239-772-7202 Fax: 239-242-0457

Relocated

Reggie Augusthy, DO

Retired

Raymond Johnson, MD

Resigned

Darrick Saunders, DO

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

PHYSICIANS BOOST THE ECONOMY - THE AMA ECONOMIC IMPACT STUDY

Completed in conjunction with state medical associations, shows that physicians helped give our economy a big boost by contributing:

Florida's physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole. Physicians also critically support the health of their local and state economies through the creation of jobs with their related wages and benefits, the purchase of goods and services ad large-scale support of state and local tax revenues.

Key economic benefits provided by physicians both nationally and in Florida in 2012

NATIONALLY:

$9,968,342	Jobs
$1.6 Trillion	Sales Revenue
$775.5 Billion	Wage /Benefits
$65.2 Billion	State /Local Revenue

FLORIDA:

$528,732	Jobs
$76.4 Billion	Sales Revenue
$40.2 Billion	Wages/Benefits
$2.3 Billion	State/Local Revenue

To see the report in its entirety, please visit the link below:
http://tinyurl.com/m7qsk9z

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.

President's Message:

by Peggy Mouracade, MD

"The Pain of Dissection"

The recent release of Medicare part B physician payment data by CMS can be likened to our basic anatomy class involving the cadaver, the major difference is that we are alive and can feel the pain. Dissection is a tried and true method of learning, particularly when it comes to structure and function. However, we were not left alone but had an instructor who helped to guide us through the process. Also, we were taught and it was emphasized to treat our cadaver with the utmost respect. Unfortunately, the "dump of data" has been done as scheduled and now is left to any and all to "dissect". In addition, the courtesy to review and correct data as well as to be able to provide any context to understand the data was not afforded to us. Once again, we are under microscope and the power of magnification continues to be increased.

Briefly for background purposes, the AMA and FMA in 1979 prevailed and successfully obtained a ruling that had barred Medicare from publishing physician payment data because of privacy concerns. However, last year as a result of a court case, it was ruled that "where evidence showed that the data could be used to identify fraud, waste and abuse, the release would be proper." A new policy then was *crafted* in that requests made under the Freedom of Information Act (FOIA) for information regarding physician payment data would be reviewed on a case by case basis. Reportedly, the requests reached a significant volume to trigger the need to make the data publically available as to be compliant with the FOIA which states that an agency is required to make frequently requested information electronically available once reviewed. It was decided that the "public's interest outweighs the privacy interest". In a letter from the Principal Deputy of the Department of Heath and Human Services, this decision was part of "an ongoing effort to increase transparency in healthcare."

Transparency is an important concept of any relationship as it fosters trust and confidence. Patients do have the right to make informed decisions about the healthcare they receive. The key word is "informed". The data set provided is organized by NPI/HCPCS/place of service and includes number of services, average submitted charges and standard deviation in submitted charges, average allowed amount and standard deviation in allowed amount, average Medicare payment and standard deviation in Medicare payment and a count of unique beneficiaries treated. What is not included nor explained that should be taken into account when reviewing the data, is that physician extenders may bill under their supervising physician, charges submitted are not equivalent to monies received, differentiation of hospital affiliated office site vs private practice site, charges may include medications and supplies and coding and billing charges may differ geographically. What must be emphasized is that quality of care cannot be surmised from the data set provided.

Granted that the data set spans a single year (2012); I anticipate that with time and justification that this will become standard. "Transparency" of physician payment/claims seems to make its way into most healthcare related legislation and programs these days. In trying to review my own data, I found it cumbersome and required assistance from my billing manager. With the provision of such direct access, the current model/system of Medicare will be dissected "to the bone" by the media, employers, payers and other large purchasers of healthcare. I suspect the site will become user friendly for all and probably will become more expansive in terms of data provided. Time will tell whether or not the availability of this information will actually help patients make choices regarding their own healthcare and/or impact the willingness of physicians to care for the Medicare patient. In any event, prepare for the "pain of dissection" and be ready for the onslaught of analysis, assumptions and judgments that will come. A new era of public awareness is upon us and once again we have to be ready for the aftermath.

MED STATS

AMA Resources

New security risk assessment tool released

Pursuant to AMA recommendations, the Department of Health and Human Services has released a security risk assessment (SRA) tool to help providers with Health Insurance Portability and Accountability Act (HIPAA) compliance. The new SRA tool will help guide physicians in small to medium sized offices conduct risk assessments of their organizations. SRA is a key requirement of the HIPAA Security Rule and a core requirement under the Meaningful Use electronic health records incentive program. View the tool and additional information at http://www.healthit.gov/providers-professionals/security-risk-assessment

CMS clarifies Medicare policy on automatic prescription delivery

CMS clarifies Medicare policy on automatic prescription delivery Beginning in January 2014, Medicare policy required mail-order pharmacies to check with patients insured by Part D plans to make sure they want their prescription filled before automatically sending the medications to the patient. Some Part D plans and pharmacies interpreted the requirement as precluding retail pharmacies from filling patients' prescriptions without calling them first. These calls were confusing to patients who received them, and many were concerned that there was fraud involved. Immediately after the AMA alerted CMS officials to the complaints physicians were receiving from patients, CMS issued a clarification to all Part D sponsors. The March 21 memo clarifies that the policy applies only to mail order and automatic delivery programs and that, for other prescriptions, the act of submitting, mailing, or picking up a prescription by the patient demonstrates their consent to have it filled.

OPERATION MEDICINE CABINET®

Spring Cleaning? Dispose of your unused and expired medications safely.

Lee County has permanent lock boxes at all of the Lee County Sheriff Substations, the Cape Coral Police Department, and the Fort Myers Police Department.

This hand-in is anonymous. Bring your medication in their original packaging to the drop box during regular business hours. You can cross out identifying information on the pill bottles.

Help us keep our groundwater and waterways clean - don't flush or throw away your medications.

AMA

SGR Update: Senate Passes HR 4302

The Senate passed H.R. 4302, the "Protecting Access to Medicare Act of 2014," which postpones the imminent 24 percent Medicare physician payment cut for 12 months, until April 1, 2015. Although many Senators spoke against passing this 17th Medicare payment patch, the Senate vote was 64 to 35. (Sixty votes were needed for passage.) The House passed an identical version of the bill by voice vote on March 27, and President Obama is expected to sign the legislation into law.

The AMA and many other physician organizations, including over 80 state medical societies and national specialty societies, sent a letter on March 26 urging members of the House of Representatives to vote against the bill. The AMA sent a similar letter of strong opposition to the Senate on March 28.

Over the past year, bipartisan, bicameral policy was developed to eliminate SGR and reform the Medicare physician payment system, which is strongly supported by the AMA and over 600 medical organizations. The AMA is "extremely disappointed" in the actions by the House and Senate, and we will continue to urge Congress to return to the bipartisan process that produced the unprecedented agreement on Medicare physician payment and delivery system reform.

An AMA section-by-section summary of H.R. 4302 is attached for your information.

http://www.leecountymedicalsociety.org/sites/default/files/file-attachments/HR4302%20AMA%20Full%20Bill%20Summary%203-28-14%20%282%29_0.pdf

2014 Important Phone Numbers, Area Code (239)

Organization	Normal Business	Emergency
American Red Cross	278-3401	278-3401
Cape Coral Emergency Management	573-3022	911
Cape Coral Police Department	574-3223	911
Federal Emergency Management Agency	800-621-3362	TTY 800-462-7585
Fort Myers Police Department	321-7700	911
Lee County Animal Services	533-7387	533-7387
Lee County Public Safety & EMS	533-3911	911
Lee County Emergency Management	533-0622	533-0622
Lee County Health Department	332-9501	332-9501
Lee County Sheriff's Office	477-1000	911
Lee County Storm Information Hotline	211	211
Salvation Army, The	278-1551	278-1551
Sanibel Police Department	472-3111	911
Traffic Conditions in Florida (Current)	511	511

Health Care is a Responsibility

Article by: Ralph Kristeller, M.D.

In the early 1960's I was in the solo private practice of Internal Medicine before Title XVIII (The Medicare Law) was passed.

My memory is as follows: A key agenda of the Kennedy Administration was to pass Title XVIII. The Kennedy Administration was not successful. However, the Johnson Administration took up the cause following President Kennedy's assassination. "People interested in passing Title XVIII promoted the phrase: "Health Care is a Right." in order to garner public opinion and support."

The phrase Health Care is a Right, was not at all a significant part of our country's vocabulary prior to that time. Most importantly, the phrase was never seriously challenged at the time and it carried the day. Title XVIII passed and it became the law of the land.

Had I been invited to engage in the debate at the time, I would have argued that, for good or ill, Health Care is an individual responsibility. It is up to each person or, when required, a surrogate such as a parent or guardian, to maintain good health habits 24 hours a day. These habits include such things as eating properly, avoiding toxic substances, maintaining proper weight and exercising intelligently. No one can do this for someone else. It is also a responsibility of the individual, when necessary, to seek professional consultation in a timely fashion and to practice prevention against illness and or injury at all times. Unless incapacitated, only the individual can look after his or her health and well being 24 hours a day which is what is required.

The statement that physicians take care of patients is inaccurate and misleading. Only patients, or if incapacitated, a designated surrogate, can take care of themselves. Physicians and other care givers provide very valuable and special assistance - to the public, especially in time of need, so that they, the public, can effectively carry out their responsibility for self care. Accordingly, providing assistance by physicians or other care givers is by definition, a Health Care Service. I would further argue that Health Care is not a Deity given Right, it is not mentioned in our Declaration of Independence, or a Right guaranteed in our US Constitution or its Bill of Rights.

AMA Urges Expanded Timeline for Physicians to Register for Sunshine Reporting

In a March 18 letter, the AMA expressed serious concerns with the Centers for Medicare & Medicaid (CMS) decision to delay and shorten the timeframe for physicians to register for Sunshine reporting.

Until recently, CMS had communicated that physician and manufacturer registration would occur at the beginning of the year as required by statute. Manufacturers and group purchasing organizations were supposed to report corporate profile information and payment data by March 31, a deadline that is unlikely to be met. The delay means that physicians will not be able to start the registration and review process until May or June at the earliest, according to CMS officials.

The AMA is worried that the new timeframe will leave physicians with insufficient time to complete this process and to resolve errors before public reporting begins on Sept. 30. The AMA called for CMS to "take steps to adjust the public reporting date until the agency can ensure that physician due process rights are protected, and the agency has in place a process and system that will produce accurate reports." Visit the AMA Sunshine Act Web page to learn more about the kinds of financial interactions that must be reported and access resources to help physicians prepare for reviewing data and challenging any false, inaccurate or misleading reports.

Sunshine Act:
Physician Financial Transparency Reports

Beginning August 1, 2013, the Physician Payments Sunshine Act (Sunshine Act) , which is part of the Affordable Care Act, requires manufacturers of drugs, medical devices, and biologicals that participate in U.S. federal health care programs to track and then report certain payments and items of value given to physicians and teaching hospitals. Manufactures will submit the reports to the Centers for Medicare & Medicaid Services on an annual basis. In addition, manufacturers and group purchasing organizations must report certain ownership interests held by physicians and their immediate family members.

The majority of the information contained in the manufacturers' reports will be available on a public, searchable website. Physicians have the right to review these reports and to challenge those reports pertaining to them that are false, inaccurate or misleading. This American Medical Association resource gives physicians important information that can help them navigate the road ahead.

Learn more at www.ama-assn.org/go/sunshine

Continued on page 7

Summary of Key Provisions of the Sunshine Act

Continued from page 6

Financial Transfers that Are Subject to Reporting:

- **Direct.** Manufacturers of a drug, device, biological, or medical supplies participating in federal health care programs will have to report to CMS any direct payments or transfers of value to physicians and/or teaching hospitals of $10 or more. However, there are 12 exceptions where a direct payment or transfer of value is not subject to reporting. These include product samples and educational materials that directly benefit patients.

- **Indirect.** Transfers that are not made directly to physicians. These are categorized as third party transfers and other types of indirect transfers.
  - **Third party transfers** are those where a physician does not receive the payment or transfer. For example, a physician (or someone acting on his or her behalf) may specify that a transfer of value should be given to another person or entity, such as a preferred charity.
  - **Other types of indirect transfers** occur when an entity transfers value to a physician indirectly by way of a third party or intermediary. A good example would be when a pharmaceutical company makes a payment to a physician organization and then ***requires, instructs, or directs*** the payment or transfer of value to be provided to a specific physician or intended for physicians (in the latter case without regard to whether specific physicians are identified in advance).
  -

Ownership: Manufacturers and GPOs (Group Purchasing Organization) participating in federal health care programs will have to report to CMS certain ownership interests held by physicians and their immediate family members. However, there are certain ownership interests, such as securities which may be purchased on terms generally available to the public and which are listed on a stock exchange in which quotations are published on a daily basis, which are not reportable ownership interests.

Review & Public Reports: The majority of the information contained in the transparency reports will be available on a public, searchable website. By statute, physicians are provided, at a minimum, 45 days to review their own consolidated transparency report and make corrections before the report is made public. Physicians have additional time, cumulatively two years, to dispute reports even after the reports are made public. If a physician utilizes the dispute process, the public data will be marked as disputed in the public database.

What is exempt from reporting?

- Certified and accredited CME.
- Buffet meals, snacks, soft drinks, or coffee generally available to all participants of large-scale conference or similar large-scale events.
- Product samples that are not intended to be sold and are intended for patient use.
- Educational materials that directly benefit patients or are intended for patient use. CMS narrowly interpreted this exemption. Textbooks and reprints are not excluded under this provision.
- The loan of a medical device for a short-term trial period, not to exceed 90 days, to permit evaluation of the covered device by the covered recipient.
- Items or services provided under a contractual warranty, including the replacement of a covered device, where the terms of the warranty are set forth in the purchase or lease agreement for the covered device.
- A transfer of anything of value to a physician when the physician is a patient and not acting in his or her professional capacity as a physician.
- Discounts (including rebates).
- In-kind items used for the provision of charity care.
- A dividend or other profit distribution from, or ownership or investment interest in, a publicly traded security and mutual fund.
- In the case of an applicable manufacturer who offers a self-insured plan, payments for the provision of health care to employees under the plan.
- In the case of a physician who is a licensed non-medical professional, a transfer of anything of value to the physician if the transfer is payment solely for the non-medical professional services of such licensed non-medical professional. For example, payments to a physician who is licensed to practice law and who is retained by a manufacturer to provide legal advice would not be subject to reporting.
- In the case of a covered recipient who is a physician, a transfer of anything of value to the covered recipient if the transfer is payment solely for the services of the physician with respect to a civil or criminal action or an administrative proceeding.
- A transfer of anything the value of which is less than $10, unless the aggregate amount transferred to, requested by, or designated on behalf of the covered recipient by the manufacturer during the calendar year exceeds $100, subject to increase each year using the consumer price index.

FLORIDA | Board of Medicine

Due to the broadening scope of the practice of telemedicine, members of the Board of Medicine and the Board of Osteopathic Medicine have been discussing changes to the telemedicine rule in the past several meetings of the Joint Telemedicine Subcommittee. During the meeting on November 14, 2013, the Subcommittee finalized the proposed rule language which was ratified at the Board of Medicine meeting on December 6th, 2013. The approved draft language was filed for adoption on February 20th, 2014 and became effective on March 12th, 2014.

Below is the full text of Rule 64B8-9.0141, F.A.C.:

64B8-9.0141 Standards for Telemedicine Practice.

(1) "Telemedicine" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

(2) The standard of care, as defined in s. 456.50(1)(e), F.S., shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by telemedicine.

(3) Florida licensed physicians and physician assistants providing health care services by telemedicine are responsible for the quality of the equipment and technology employed and are responsible for their safe use. Telemedicine equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

(4) Controlled substances shall not be prescribed through the use of telemedicine.

(5) The practice of medicine by telemedicine does not alter any obligation of the physician or the physician assistant regarding patient confidentiality or recordkeeping.

(6) A physician-patient relationship may be established through telemedicine.

(7) (a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.

(b) This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers. Emergency medical services are those activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in this state.

(c) The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

Rulemaking Authority: 458.331(1)(v), FS.

Law Implemented: 458.331(1)(v), FS.

If the Cost of a Medication Is Too Good to Be True, the Drug May Be Counterfeit

In the past few years, a number of developments have occurred, including drug shortages and patients having trouble affording their prescriptions, that might seem to justify importing medications from overseas. The world outside of U.S. borders appears to offer a ready supply of cheaper medications easily obtained through unlicensed distributors, trips across the border, or online pharmacies.

The laws that prohibit importing non-FDA-approved medicines are designed to ensure that patients receive medications that meet the FDA's requirements for safety, purity, and potency. It is illegal to import unapproved, misbranded, adulterated, or foreign versions of U.S.-approved medications into the country. The law also applies to medical devices.

Regardless of the supplier, purchasing or using non-FDA-approved drug products exposes the physician to criminal and civil liability. Medical malpractice insurance may not cover any errors in this area—making physicians personally liable for claims that they provided counterfeit drugs.

The medication doesn't even have to be counterfeit for the physician to suffer legal consequences: Medications that have the correct ingredients but haven't been FDA-approved are still illegal to use.

Physicians and their office staff may inadvertently order counterfeit drugs or devices. Follow these tips to protect yourself and your patients from the risks of illegal medications and devices:

- Require training for everyone involved in purchasing medications.
- Be wary of fax or e-mail blast offers from an unauthorized distributor selling "discounted" foreign medications or devices.
- Have clear policies that dictate how to verify the license of a wholesaler providing medications. For example, require that your staff verify all vendors by checking wholesaler accreditation and licensing at http://safedr.ug/VAWDaccredited and http://safedr.ug/fdalicense.
- Obtain medications only from secure sources.
- Know the warning signs that a product may be counterfeit:
    - Are prices or deals too good to be true?
    - Was the fax/e-mail offer unsolicited and from an unknown seller?
    - Is the labeling in a foreign language when it's normally in English?
    - Is the package damaged or soiled?
    - Are all tamper seals present and intact?
- If in doubt, call the manufacturer to check if the lot number is still valid and matches the expiration date.
- Educate patients about avoiding counterfeit drugs with free resources like the S.A.F.E.D.R.U.G. checklist at www.safemedicines.org/safedrugs.html.

Contributed by The Doctors Company and Partnership for Safe Medicines. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety. For more information on counterfeit medicines, go to www.safemedicines.org.

Disaster Planning Committee

The Lee County Medical Society hosted a Disaster Planning Committee for many years called the "LCMS/EMS Medical Disaster Planning Committee", chaired by Judith Hartner, M.D.. This year the LCMS committee merged into what is now called the "Southwest Florida Healthcare Preparedness Coalition". Their mission statement reads as follows: The mission of the Lee County Southwest Florida Healthcare Preparedness Coalition is to develop and promote the healthcare emergency preparedness and response capabilities of Lee County.
Its purpose:

- Provide a forum for the healthcare community and response agencies at the local level to interact with one another and promote emergency preparedness.
- Foster communication between local, regional, and state entities on community-wide emergency planning and response.
- Improve overall readiness through coordination of community-wide training and exercises.
- Promote preparedness in the healthcare community through standardized practices and integration with other response partners.
- Identify local healthcare assets available during a response.
- Identify gaps in the healthcare community's ability to effectively respond to an incident.
- Assist emergency management and Lee County EOC (Lee County Emergency Operations Center) Health and Medical Branch.
- Facilitate communication, information and resource sharing.
- Strengthen medical surge capacity and capabilities.

This committee is represented by many organizations working together for the betterment of Lee County. The Lee County Medical Society sits on this committee representing our physician membership.

Lee Memorial Health System's Family Medicine Residency Program Celebrates 1st Match Day and Welcomes First Residents

By: Gary A. Goforth, M.D., Founding Program Director, Clinical Professor of Family Medicine
The Florida State University College of Medicine Family Medicine Residency Program at Lee Memorial Health System (Fort Myers)

The halls of the newly remodeled Family Medicine Residency Center of Lee Memorial Health System are buzzing with excitement as the first group of physicians to enter into Southwest Florida's newest residency program was announced on Friday, March 21 during the annual Match Day.

"This is an exciting first for the health system and for all of Southwest Florida. It's a wonderful feeling to see the residency program come to life and to celebrate this milestone with our new residents and the people who helped make this program happen," says Founding Program Director and Clinical Professor of Family Medicine, Gary Goforth, M.D. "We are honored to play a role in developing the careers of Southwest Florida's future primary care physicians. I am extremely pleased with the quality of our applicants and the level of interest our program has received."

Lee Memorial Health System received 1,088 formal applications through the Electronic Residency Application Service for its six PGY-1 positions. Many other potential applicants requested the program's minimum criteria for interviews, but did not apply since they did not meet the minimum criteria based on USMLE licensing exam scores, time since graduation from medical school, time in the US and healthcare experience, and ECFMG certification.

The family medicine residency program is based at Lee Memorial Hospital with the Florida State University College of Medicine as its institutional sponsor. It was developed to combat an expected national shortage of primary care physicians compounded by an increase in population growth. Among the fastest growing regions in the state, the population grew by more than 40 percent in Lee County between 2000 and 2010.

Most physicians set up practice near the location where they complete their residency training, making the ideal candidate someone such as Elizabeth Midney, a local student who also plans to practice in the community. Midney, of Immokalee, completed two rotations at the Family Medicine Center located at Lee Memorial Hospital, and was the first student to interview for the residency program. "I think it's an amazing opportunity to be able to train close to home," explains Midney. She was absolutely thrilled to match into the program on Match Day and will begin training on July 1, 2014!

"We are blessed not only to have filled all of our positions on Match Day, but to have filled them with our top applicants," says Gary Goforth, M.D. "I am confident in our new residents. In them I see great character, a strong work ethic, the desire to work as a team, a heart for the underserved, and a strong medical knowledge base. Several faculty members, hospital administrators, and board members have also shared with me how pleased they are with our inaugural class."

New first year residents: Carl Nyberg, M.D., of Fort Myers; Elizabeth Midney, M.D., of Immokalee; Alyson Lewis, M.D., of Ormond Beach; Mohammad Ayaz Sadat, M.D., Houston, Texas; Lee Coghill, M.D., Gross Pointe, Michigan; and Steven Ovu, M.D., Houston, Texas, will begin their residency on July 1, 2014.
Lee Memorial Health System has also signed a third-year resident and five second-year residents who are transferring from their current programs and will begin training April 1, 2014: Roy Klossner, M.D.; Lucia Huffman, M.D.; James Toldi, D.O.; Sherry Farag, M.D.; Kristin Miller, M.D.; and Jack Arnold, M.D. The program has several applicants for the remaining PGY-2 position and plans to fill this position by July 1st.

"We are one of the fastest growing regions in the state and it's always been hard to recruit family practitioners to rural areas. The program will have a cumulative effect over the years," explains Richard Akin, former chairman of Lee Memorial Health System's Board of Directors. "This is an exciting time for the community. Statistically, about 75 percent of our doctors in training will stay here and practice here. It's going to raise the quality bar for the whole community. It's terrific."

The FSU LMHS Family Medicine Residency Program

Family Medicine Residents

April 2014


Dr. C. Jack Arnold


Dr. Lucia Huffman


Dr. Kristin Miller


Dr. Roy Klossner


Dr. Sherry Farag


Dr. James Toldi

The FSU LMHS Family Medicine Residency Program

Family Medicine Residents

July 2014


Dr. Lee Coghill


Dr. Alyson Lewis


Dr. Elizabeth Midney


Dr. Carl Nyberg


Dr. Steven Ovu


Dr. Mohammad Sadat

Physicians in the Middle of the Marijuana Battle:

How physicians became the gatekeepers between cannabis and the public and how physicians should approach cannabis as a form of treatment.

By: Jacqueline Bain, Florida Healthcare Law Firm

The Federal Government lists marijuana as a "Schedule I" controlled substance, meaning it has a high potential for abuse and no currently accepted medical use. 21 USC § 812(b)(1). Because there is no current accepted medical use, Federal law prohibits physician from issuing prescriptions for marijuana. 21 CFR § 1306.04(a). However, the Federal Government has traditionally deferred to the States to prosecute small-scale marijuana violations. This lack of Federal enforcement has encouraged the States to enact less stringent controls on the marijuana industry.

On August 29, 2013, the Federal Department of Justice issued a memorandum stating that it will continue to rely on State and local authorities to address marijuana activity through enforcement of their own narcotics laws. Nevertheless, in light of new State laws allowing for possession of a small amount of marijuana and regulating production, processing and sale of marijuana, the Department of Justice has designated eight criteria to guide State law enforcement. States must (1) prevent the distribution of marijuana to minors; (2) prevent revenue from the sale of marijuana from flowing to criminal enterprises; (3) prevent the diversion of marijuana from states where it is legal to states where it is illegal; (4) prevent marijuana activity from being used as a cover for the trafficking of other illegal drugs; (5) prevent violence and the use of firearms in the cultivation and distribution of marijuana; (6) prevent drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use; (7) prevent the growth of marijuana on public lands; and (8) prevent marijuana possession or use on federal property. In the event that the Federal Government determines that States are not adhering to such criteria, the Federal Government reserves its right to challenge State laws.

Most states that have legalized marijuana have done so for "medical use" only, meaning that consumers must obtain a prescription from a physician prior to purchasing or producing it. For this reason, physicians are often viewed as marijuana's "gatekeepers". As an increasing number of states, including Florida, explore legalizing medical marijuana, physicians must educate themselves regarding its uses and challenges.

First, prescribing medical marijuana remains a violation of the Federal Controlled Substances Act. A physician who prescribes medical marijuana risks the loss of his/her license to prescribe controlled substances. As recently as April 8, 2014, Attorney General Eric Holder answered questions from House Judiciary Committee members regarding the Federal Government's selective enforcement of the law as it pertains to marijuana. This area of law continues to develop every day. Physicians who prescribe marijuana as a form of treatment must remain vigilant regarding changes in law.

Second, physicians must become educated on when medical marijuana is appropriate as a form of treatment. The proposition on the November ballot in Florida allows physicians to prescribe marijuana for a variety of specified diseases, and in the event that a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient. As with any drug, physicians are obligated to understand marijuana's uses and limitations before offering it as a treatment option.

This sentiment is echoed in states where medical marijuana is legal. In 2013, the Journal of the American Board of Family Medicine published the results of a survey of family physicians in Colorado (where medical marijuana has been legal since 2000) regarding their attitudes toward medical marijuana. Those physicians overwhelmingly agreed that further medical education and training is needed about medical marijuana: 4 out of 5 agreed that training should be incorporated into medical school curricula and family medicine residency curricula, and that primary care physicians should be required to receive formal training prior to recommending it to patients.

Third, many State laws allow physicians to give patients a card allowing them access to marijuana. Prescription of controlled substances typically involves calculation of how much of a drug is delivered to the patient and for how long the drug will remain in the patient's system. By contrast, there is no reliable delivery system for the marijuana to the patient and its lasting effects are unclear. It is an imprecise science and should be used with caution.

Prescription of medical marijuana may present certain professional malpractice issues for a physician. Physicians are encouraged to contact their malpractice insurance providers prior to prescribing marijuana as a form of treatment.

Florida's laws may also trigger Florida Pain Clinic registration for prescribing physicians. Pain Clinics are defined as advertising any medium for any type of pain-management services or where in any month a majority of patients are prescribed certain controlled substances for the treatment of chronic non-malignant pain. The Department of Health requires Pain Clinics to register with the State and undergo inspection.

In the event that Florida views marijuana as a "prescription drug", prescribing physicians must vet any business relationship to which the physician refers, including marijuana dispensaries or treatment centers. Physician self-referral law will then apply.

Finally, physicians are well-served to understand that prescribing marijuana without a full understanding of a State's law may subject the physician to additional legal liability. The Florida ballot measure requires each prescription to be accompanied by a "physician certification", wherein the prescribing physician affirms that in the physician's professional opinion, the patient suffers from a debilitating medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient. Physicians must fully educate patients about how marijuana will impair decisions and affect motor skills. Results of patient's poor choices while under the effects of marijuana may prove disastrous for a prescribing physician.

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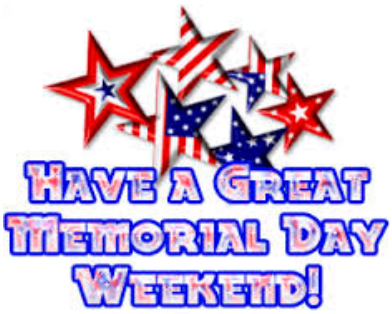

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