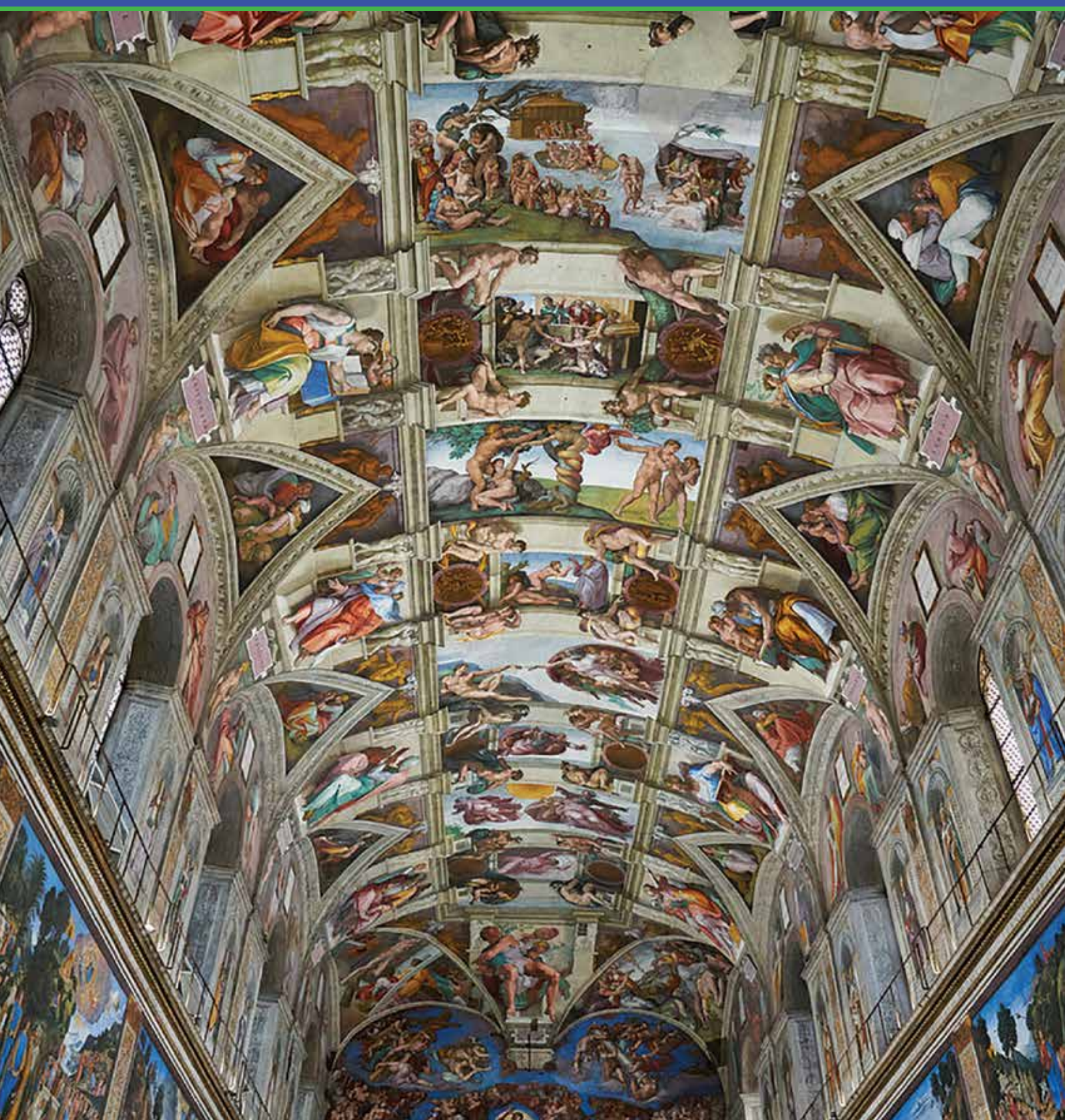
Bulletin

Editor: Ellen Sayet, M.D.
May 2017 • Volume 41 • Issue 5

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:
Sistene Chapel,
Vatican City, Rome, Italy
Peter Sidell, MD

Calendar of Events

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

May 11, 2017 - Membership Meeting
6:30 pm -Social - 7:00 pm - Dinner

Pier Building 1300 Hendry Street
Fort Myers, FL 33901
RSVP at www.lcmsfl.org
(see insert for more information)

Cocktail Hour at Cru
May 12, 2017
June 9, 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

June 29, 2017 - FSU/LH Residency Program Welcome Reception
FineMark National Bank & Trust
6:30 pm - 8:30 pm

Need help with life's difficulties?

Please visit our website at:

www.lcmsfl.org/pwp

MEMBERSHIP NEWS

Moved from area:
Adam Heller, MD
Joshua Franklin, MD
Steven Levine, MD

Resigned
Michael Lutarewych, MD
Mario Mangieri, MD
Rajeev Prabakaran, MD
Georgia Rocha-Rodriguez, MD
Michael Rosenberg, MD
Glenn Wing, MD

Retired
Mary Blue, MD
Muriel Myint, MD

NEW APPLICANTS

Anita Arnold, DO – Dr. Arnold received her medical degree from New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY in 1984. She completed an internship at Metropolitan Hospital in Philadelphia, PA from 1984-1985 and an Internal Medicine residency at Bryn Mawr Hospital in Bryn Mawr, PA from 1985 – 1988. Dr. Arnold also completed an Internal Medicine/Cardiovascular Disease residency and Interventional Cardiology fellowship at Cleveland Clinic Foundation in Cleveland, OH from 1988 – 1992. Dr. Arnold is in practice at 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

Natalie Gillson, MD – Dr. Gillson received her medical degree from Wake Forest University School of Medicine, Winston-Salem, NC in 2011. She completed Pediatric and Pediatric Neurology residencies at Nationwide Children's Hospital, Columbus Ohio from 2011-2016. She is in practice with LPG Pediatric Neurology, 15901 Bass Rd., Ste 108, Fort Myers, FL 33908 Tel: 239-343-6050 Fax: 239-343-6051.
Board Certified: Neurology

Andres Laufer, MD – Dr. Laufer received his medical degree from Universidad Central de Venezuela, Escuela Luis Razzetti, Venezuela in 2002. He completed an Internal Medicine residency at Jacobi Medical Center – Albert Einstein College of Medicine, Bronx, NY from 2004-2007. Dr. Laufer is in practice with 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 – Dr. Quevedo received her medical degree from Universidad San Martin De Porres, Lima, Peru in 2001. She completed an Internal Medicine residency and Internal Medicine/Cardiovascular Disease fellowship at Texas Tech University Health Science Center, El Paso, TX from 2009-2016. Dr. Quevedo is in practice with 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

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Kembuken Amadi, MD
LPG Hospitalists
13681 Doctor's Way, Ste 18028
Fort Myers, FL 339012
Tel: 239-323-2052 Fax: 239-343-1009
Board Certified: Family Medicine

Elizabeth Duval, MD
LPG/FSU Family Medicine Residency
2780 Cleveland Avenue., Ste 709
Fort Myers, FL 33901
Tel: 239-343-3831 Fax: 239-343-2392

Rodrigo Ruiz-Gamboa, MD
LPG Vascular Surgery
8380 Riverwalk Park Blvd., Ste 100
Fort Myers, FL 33919
Tel: 239-343-9960 Fax: 239-343-9977
Board Certified: General Surgery

Andrew Jones MD
Gardner Orthopedics
3033 Winkler Ave
Fort Myers, FL 33916
Tel: 239-277-7070 Fax: 239-277-7071
Board Certified: Orthopedic Surgery and Orthopedic Sports Medicine

Please Join Us!
FSU/LH Family Residency Program
Welcome Reception

June 29, 2017
6:30 p.m. - 8:30 p.m.

FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

President's Message

By Jon Burdzy, D.O.

MINDFULNESS

This month I had hoped to give a legislative update. No such luck. The Florida legislature remains in session and medical practice related bills are still wending their way through committee. For better or worse the PPACA (Obamacare) remains in place. We're in wait and see mode.

These uncertainties are layered on top of other worries including the dawn of MACRA, the transformation of our profession into a consumer good, and the ongoing shift from volume to value. None of us are quite sure how these changes will impact our practices or ourselves. Then add in ever increasing paperwork loads, the burdens of recertification, and the medical complexity of our aging population. Is there any wonder physician burnout is at record levels? How are we to manage the stress?

We must become sanguine, my favorite word of late. Dictionary.com defines sanguine as 'cheerfully optimistic, hopeful, or confidant'. Odd that a word derived from blood (as in 'sero-sanguinous') has such a meaning. In ancient physiology it was one of the four cardinal humors along with choler, phlegm and melancholy. Phlegmatic means, 'having an unemotional and stolidly calm disposition'. Definitions of the other humors are not nearly as positive.

So how does one remain sanguine?

Last month Dr. Becky Bernard gave a wonderful talk on physician burnout. With her were two local psychologists involved in our Physician Wellness Program, Drs. Cori Calkins and Steve Cohen. One coping strategy mentioned was 'mindfulness'. It is a familiar term, but I am unsure exactly what it is or how to integrate it into my daily life. It keeps popping up everywhere from well-respected journals, popular magazines, medical and life advice websites to conversations I have had with my trusty partner Van Winkle. The term has become ubiquitous. And as words and phrases often do when overused, its meaning has become clouded. At the Q&A part of the presentation, I had to ask 'what the hell is mindfulness?'

Dr. Calkins was kind enough to take the question and defined mindfulness as being in the moment, aware of what you are taking in, of what is happening around you, how it makes you feel, and how to calmly accept and respond to this input. But this is only a basic definition. She added mindfulness is far more complex and takes longer to explore than the time allotted in a Q&A session. This pointed me in the right direction, so I decided to do some reading.

Googling mindfulness yields 'about 61,500,000' hits. One of the first results was from the New York Times entitled, "The Muddled Meaning of Mindfulness". [https://www.nytimes.com/2015/04/19/magazine/the-muddied-meaning-of-mindfulness.html] The article decried how the term has become too popular and is now the fodder of management consultants and pro-basketball players, its current usage far from its context in Buddhism. The article is a bit snarky and does appeal to my cynical side, but it didn't offer much enlightenment.

I found better information on the Psychology Today website. [https://www.psychologytoday.com/basics/mindfulness] It contains numerous articles on this subject. Some further define mindfulness and give tips on its practice. Others cite studies showing improvement in various conditions such as chronic pain, mood disorders, substance abuse, and the like.

Googling 'mindfulness physician burnout' yielded 'about 239,000' results. One of them led to Stanford. Among their offerings is an 8-week class on mindfulness. There are also a number of other resources including videos and articles. [https://wellmd.stanford.edu/healthy/mindfulness.html] I availed myself of some of these resources and came away with the impression that mindfulness is 'meditation light'.

Meditation does not necessarily consist of the stereotyped view of one sitting on a mountain top in full lotus position chanting (although this works for some). There are numerous other ways to be mindful including simply breathing in and out and observing yourself doing so. When you find your mind wandering return to focusing on your breathing. Another tip is to take a few moments alone when you arrive home from work in order to decompress and switch from your work mindset to your home mindset. Many more hints, tips, and practices are available on the websites mentioned above. Not all will be applicable to each individual, but the concepts are worth pondering.

Practicing medicine is stressful. Many of us suffer symptoms of burnout. It can be difficult to focus on patient care when we have constant distractions from text messages, phone calls, EHR messages, emails, the internet, etc. etc. etc. Mindfulness seems a way to remain calm, accept what is thrown at you, and remain focused while performing your activities of daily living. The more I learn about it, the more useful it appears. Since the modern concept of mindfulness springs from Buddhism, let us borrow its view that life is suffering. By being mindful and in tune we can ameliorate stress and suffering and in the process become phlegmatic. Maybe even sanguine.

Be well!

Jon

About The FMA House of Delegates: - 2017 Annual Meeting

The FMA House of Delegates (House) is the legislative and business body of the FMA. Its members are the officers of the FMA, the elected members of the Board of Governors, and the delegates officially elected by the component societies, specialty societies, Specialty Society Section, Young Physicians Section, Medical Student Section, Resident & Fellow Section and the FMA Alliance. The House meets annually at a time and location determined by the FMA Board of Governors. It is the responsibility of the Speaker of the House to prepare the agenda and assure consideration and completion of its business.

The business of the formal sessions of House is established by a blend of tradition and requirements of the Association's charter and bylaws, and includes:

- Setting policy for the FMA by acting on recommendations from the Board of Governors and resolutions presented by component county medical societies, recognized specialty medical societies, special sections and delegates.
- Hearing addresses and reports from the Treasurer, Speaker, and outgoing and incoming Presidents.
- Presenting awards recognizing distinguished work by members of the FMA and others whom the FMA decides to honor.
- Electing Officers, Board members and AMA Delegates.
- The FMA Public Policy Compendium provides a listing of the FMA's policy positions and directives adopted by the FMA House of Delegates and FMA Board of Governors.

FMA Staff Contact: Brittany Jackson, MHA | Governance & Policy Coordinator | (850) 224-6496 - bjackson@flmedical.org

FMA Annual Meeting - August 4 - 6, 2017

It's that time of year again. We encourage you to put into writing ideas you have that will help organized medicine. The LCMS Delegates will present your Resolution(s) at the Annual Meeting with hopes of effecting change that will allow you to better serve your patients.

Please see enclosed Resolutions flyers regarding the process and formatting of writing Resolutions. The LCMS Staff can help as needed. The following LCMS Delegates will be attending the FMA in August.

Richard Macchiaroli, MD - Delegate Chair
Stuart Bobman, MD
Jon Burdzy, DO
Joanna Carioba, MD
Stefanie Colavito, MD
Elizabeth Cosmai, MD
Daniel de la Torre, MD
Valerie Dyke, MD
Stephan Hannan, MD
Michael Katin, MD
Raymond Kordonowy, MD
F. Rick Palmon, MD

One additional Delegate & three Alternates are still needed. Please contact Valerie at 239-936-1645 or Email: valerie@lmsfl.org

Breaking down the financial toll of healthcare data breaches

By: Beth Jones Sanborn, Managing Editor, Healthcare Information and Management Systems Society (HIMSS)

A hospital data breach not only risks the sensitive information of patients, but it also can spell disaster for a healthcare provider's finances.

"A small attack with two staff thrown at it might mean only $5,000 in IT time fixing things. But if 20 people are needed to clean up it's more like $100,000," said Craig Musgrave, CIO of The Doctors Company. "Bringing in outside experts for remediation and research, those companies cost $25-$50,000 or more." Musgrave said.

That doesn't even factor in the dollar amount tied to lost productivity and the potential for hefty HIPAA fines.

"Once it spreads the amount of damage done grows exponentially. You need to be able to discover it and shut it down," Musgrave said.

Planning matters

Chris Ewell, chief information security officer at University of Washington Medicine, said it all starts with early detection. He would know. University of Washington Medicine is in the middle of a corrective action plan after a breach three years ago got them slapped with $750,000 HIPAA fine.

He said controls that keep hackers from getting in are great, but since breaches are going to happen anyway, you need a means to monitor your assets so that once they get in you can "stop the bleeding."

Having an instant response process plan in place so that you can limit the damage is crucial.

"You need to be stellar at that or have someone who can come in at a moment's notice and help you," Ewell said.
To do that, systems need to practice the breach plan by running training drills.

However, it is in the investigation where a lot of the costs lie, and if the forensics are done poorly, it can cost even more, especially if you don't properly determine the size and scope of the breach.

"Everything is a breach until you can prove the low probability of compromise. Now you're obligated to notify, when if you had forensics you may not have had to notify. It's a well-spent cost."

Another little-known misstep at the beginning of breach incidents is failing to stop non-experts from touching systems and trying to get things back to operational. Often, these individuals end up trampling data that would have been important to the investigation.

According to Musgrave, there are three phases in breach management — discovery, remediation and clean-up — and there are costs at every step. For large providers or a large breach, Ewell said it may become necessary to hire a service to find and verify addresses for potentially affected patients both past and present. People may have moved or even died so a provider needs the verification service so they can determine where to send the notification letter. That's another component. Writing a letter to patients letting them know about the breach is required, and it must be legally approved, another expense. And chances are most providers caught off guard by a cyberattack are already shelling out cash to a lawyer who helped them officially determine there was a breach.

Devin O'Brien, senior counsel for The Doctors Company said one of the lawyers they work with charges $600 an hour. "Just getting their feet wet on a situation mounts up quickly. Everything is happening at the same time."

Also adding to the overwhelming complications of managing a cyber attack is managing the fall-out once a provider has alerted those who were potentially affected. If the breach is small, and there aren't many affected, it is possible that staff can handle the calls that will come in. Ewell said usually about 20 to 30 percent of those affected will call in.

However, if the incident is large that will mean lots of calls, and a provider may be forced to set up a call center. The system will have to write scripts for answers to questions that are going to be asked, and it must be decided whether things like credit monitoring, which can cost $5 to $15 per person, will be offered. For most providers, these are services they don't consider or plan for, and that makes them pricey when the time comes.

There may also be expenses surrounding communication with the public, since when the breach affects more than 500 the media must be notified, Ewell said. PR services also carry hefty price tags, especially in an emergency.

"Hopefully you have those negotiations already in place because it's very expensive if you do it as an emergency versus having a contract with someone," Ewell said.

Beyond the attack

Boston Children's Hospital came under attack from hackers collective Anonymous back in 2014 following their treatment of a young girl who had been removed from her parent's care by the state. The worst-case scenario, "going dark," never happened. But the incident is still a cautionary tale for their CIO Daniel Nigrin because of what they did lose. Nigrin said they still had to shut down external websites for a time as hackers tried to wreak havoc, and it happened at a time of year when they were staging an annual walkathon. One of the websites shut down was one that sourced donations, and though he couldn't give an exact figure, the loss was significant enough that they made a claim against their cyber-insurance for the event, Nigrin said. "This was not a tens of thousands of dollars thing, it was significantly more than that."

Nigrin said most cyber-insurance coverage protects against loss of data and its side effects like penalties. What they didn't appreciate was the way the insurance was written, which said if no breach actually occurred a claim made against the policy

wouldn't necessarily go through. Basically, because they had the right defenses and protocols in place and were actually able to protect patient data, they had to fight with their insurer to get the claim paid, even though the attack and the losses were real.

"It's fine print that I urge people to look at within their cyber-insurance policies," Nigrin said.

HIPAA fines are the last blow to a system already worn-down following a breach. It usually takes three years after the incident when HIPAA fines hit, and the dollar amounts are swelling O'Brien said. The Office of Civil Rights has almost quintupled the number of actions taken on cyber-breaches from 2004 to 2009.

Figuring out a HIPAA fine is formulaic. There are degrees of culpability, and the more culpable OCR thinks a provider is for their breach, the more severe the fine can be. The difference between the least culpable level of awareness, where the system "did not know and by exercising reasonable diligence would not have known," and the most culpable where the breach is due to "willful neglect," can mean the difference between a minimum fine of $100 per violation and $50,000 per violation, O'Brien said.

"You can't put your head in the sand on this one. If you've really taken reasonable steps to protect your system, trained your staff to have physical security in place and something still happens, my feeling is you'll get a fine but you'll see a fine that is a third of what you would have seen otherwise," O'Brien said.

The HIPAA fine is only the start, said Ewell. The OCR, once they step in, will likely require a complete overhaul of the system and the hiring of an independent monitor for three years, as well as other fixes. You only have between 60 and 90 days to address the issues, and until a system is through fulfilling a corrective action plan, they'll probably be out $10 million.

What's more, Ewell said, there is a loss of sovereignty over your own operations, and a system's budget can be slammed by the action-plan requirements.

Some basics that may keep you out of the OCRs crosshairs include doing an enterprise-wide risk assessment, not just a vulnerability analysis; knowing where all your data is right down to a single entity and being able to produce a list at any time; documenting staff training; implementing policies and procedures, and ensuring staff know and understand them. You also want to keep track of how your vendors are using and engaging with your network.

Musgrave suggested being diligent with software upgrades, boosting infrastructure, encrypting databases and passwords with administrators, and subscribing to cloud solutions as ways to enhance your cyber-security program and make it harder for hackers to get in.

"This is the cost of doing business. You need to protect that data because a breach is worth so much money to the bottom line of a system."

Ewell said C-suite executives need to be constantly evaluating the risk.

"You would never think about not reviewing your financial statements every week or every month. Do you do the same thing with your information security risk? It's as important as your financial statement but no one thinks about it."

ANNUAL MEDICAL 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 Regency Coconut Point.

Please find Nomination form within the Bulletin.

Protecting Your Practice's Brand: Trademark Basics

By Shobha Lisaso, Florida Healthcare Law Firm

Building a brand image is extremely important in today's technology-driven economy. Because of social media, online advertising, and the availability of online reviews, local healthcare providers need to engage at a higher degree than ever before to attract new patients, retain current patients, and establish themselves as experts in their respective fields.

Patients choose providers based on specializations, reputation, and quality of care, so the first step in branding is selecting and registering the trademarks for your practice. Trademarks are the names, slogans, tag lines, and/or logos that identify and represent your practice, its services, and mission to the public, and are the foundation for the facility's overall branding and marketing strategy. In addition to the trademarks associated with your main practice, you may also use trademarks to protect your stake in a specific area or a specific area of expertise. For example, the trademark and logos used for a hospital's senior services might be different than one used for its cardiac care services. If you do not protect your trademark, a competitor could use it or something similar, which could confuse your patients and potentially draw business away from your practice.

Do you really need to register your trademarks? Consider the following:

1. Registration gives notice to the public that you are the owner of the trademark and that you have exclusive rights to use that trademark indefinitely (renew every 10 years).

2. Registration prevents others in your industry from using similar logos or names that confuse your current or potential patients.

3. Registration allows you to file suit against those who infringe upon your trademark (you cannot sue without a valid trademark registration).

4. Registration helps you license your trademark, which you can use to make money and increase your brand's popularity.

Steps to Trademarking

1. Using an experienced attorney to conduct a common law, state, federal, and domain search for your desired trademarks and analyzing the results of the search to determine whether you have a truly unique trademark.

2. Once the search is complete and you and the attorney are happy with the results from the search, the attorney will then identify the classes of services that the trademarks will be registered under and the attorney will lead you through the process of applying for the trademark.

3. Until the trademark receives its registration, you can use "TM" after the logo, slogan, or name to show that you believe that you own the rights to this mark.

4. Once your trademark is registered, you can change that "TM" to an "R" in a circle, giving the world notice that you own that trademark and that you have the right to sue anyone who infringes upon your trademark rights.

Whether a provider is opening a new practice or expanding its current practice to new locations, a provider's "brand" or "brand strategy" should be viewed as an investment in the practice's public image and reputation and be protected accordingly.

Mary C. Blue, M.D.

LCMS Co-editor retires after 27 years of service. We thank you & Wish you a Happy Retirement!

Ellen Sayet, M.D.

LCMS Welcomes new Co-Editor

LCMS Past Co-Editors of the LCMS Bulletin

Thomas M. Wiley, MD, Editor - Mar. 1979 - May 1982

Michael E. Steier, MD, Co-Editor – May 1982 - Dec. 1984

Frances Howington, MD, Co-Editor - May 1982 - Dec. 1991

Kim Spear, MD, Co-Editor - Jan. 1985 - Dec. 1989

John Snead, MD, Co-Editor - Sept. 1987 - present

Mary Blue, MD, Co-Editor - Jan. 1990 – Feb. 2017

J.D. Donaldson, MD, Co-Editor - Jan. 1992 - Oct 1994

Daniel R. Schwarz, MD, Co-Editor - Feb. 1995 - Sept. 2004

Celebrating the grand opening of Golisano Children's Hospital of Southwest Florida

April 1, 2017

Millennial Medicine

By Clay Duval, MD

My client's Rolex glistened as beads of sweat dropped onto its face. 5:30 am. I was impressed by his dedication yet perplexed by how someone so successful and talented needed my services. "Clay", he told me," I've successfully closed multi-million dollar contracts time and time again; but the one battle I haven't yet won is the one with my waistline." At the time, I was a personal trainer for a large corporate gym and my daily focus was to teach people from all walks of life the basics of nutrition, exercise and personal wellness. What I learned was that most of my clients were enormously successful people in one venue of their life but struggled to take care of their own bodies. Some had advanced degrees in law, engineering or even the medical sciences - and yet, they all lacked a fundamental knowledge of nutrition and exercise. Obesity, it seemed, was an indiscriminate attacker.

What I've learned since is that doctors are no exception, and increasingly we are finding that neither patients nor doctors have the knowledge needed to combat the obesity epidemic. But don't take my word for it! A recent poll showed that only 14% of doctors feel that they have received adequate training to discuss nutrition with patients. Shockingly, only 30% of medical schools meet the minimum number of hours of education in nutrition and exercise science as recommended by the National Academy of Sciences, Engineering and Medicine (NASEM). With ⅔ of the American population currently overweight or obese, obesity is a national epidemic. The Cleveland Clinic estimates that workers who are overweight or obese miss an average of 450 million more work days per year compared to workers with normal weight. Further, they estimate that the annual cost of treatment of adult obesity in the United States is approximately $190 Billion, as of 2016.

Alarmingly, instead of being observers whom are separate and immune to this national crisis of adiposity and adiposopathy (adiposopathy = adipose tissue cellular dysfunction), physicians' health is also suffering. A recent Medscape survey included 31,399 doctors in the United States, representing 25 different specialties. It showed that 8% of physician's report being obese and 38% report being overweight. The survey results show that 44 percent of overweight/obese doctors eat a diet high in carbs, meat and fat, or "on the go" meals. Just 16 percent of the physicians who were considered overweight or obese were on a diet meant to help them lose weight or restrict calories. Ladies and Gentlemen, we've got to do better both personally and professionally in this arena. Luckily, as often happens in time of adversity, there are many leaders emerging who are crafting creative, innovative and unprecedented strategies.

This spring, the first-ever "Innovation Award for Health Care Provider Training and Education" was presented to three recipients on the behalf of the American College of Sports Medicine, The Alliance for a Healthier Generation and the Bipartisan Policy Center. Funded by the Robert Wood Johnson Foundation, these awards were to recognize leaders in the field of medicine and medical education who are trailblazers in obesity medicine. The Goldring Center for Culinary Medicine at Tulane University in New Orleans was one the recipients of the award. "The Goldring Center for Culinary Medicine (GCCM) at Tulane University is the first dedicated teaching kitchen to be implemented at a medical school. The center provides hands-on training for medical students through culinary medicine classes in the form of electives and seminars as well as continuing education for the healthcare and food service industries. The center also offers community cooking classes, free and open to the public, that teach practical, evidence based nutrition, culinary literacy and kitchen confidence."

Dr. Timothy Harlan MD is the Executive Director of the Goldring Center. A physician and former chef, he offers a unique and refreshingly commonsensical perspective on why we should focus on obesity prevention and treatment:

"Virtually every single patient visit I have ever had is the answer to that question. For the vast majority of Americans, their diet is at the core of their illness. Illnesses from heart disease, diabetes, and stroke to Alzheimer's and depression are accelerated by what has become the "standard American diet" or the "Western diet" or the diet of highly processed foods. I was a chef before I became a physician. I've been at the corner of food and health for over 30 years now and the truth is that medical students have not traditionally gotten training around diet and nutrition. If we can change the dialogue between doctors and patients around diet, we can lower morbidity and mortality. In other words, it's just good common sense to do this."

More and more physicians are seeing things from this point of view. Here in Lee County, we have an incredible community of talented healthcare practitioners poised to be leaders in the field of obesity medicine. If you're ready to take the next step in advancing your clinical acumen in the treatment of obesity in your own practice of medicine, a great place to start is obesitymedicine.org. There you can find resources for clinicians, including their "ObesityAlgorithm", free of charge. If you have any ideas or thoughts about how we can unite LCMS physicians in the battle against the obesity epidemic, feel free to email

Family Medicine Residency Celebrates Outstanding 2017 Match Day

By Gary Goforth, M.D. FSU/LH Medical Residency Program Director

The Florida State University College of Medicine Family Medicine Residency Program at Lee Health (Fort Myers) is excited to welcome eight, new, first-year family medicine residents announced at the annual Match Day celebration on Friday, March 17, 2017! The new residents include:

- Jennifer Carrion from Kissimmee, FL
- Arieal Felix from Nashville, TN
- Shayna Klein from Westland, MI
- Murilo Lima from Coconut Creek, FL
- Christine Norton from Lake Orion, MI
- Kristen Noud from Deerfield Beach, FL
- Jaime Realsen from Franktown, CO
- Hannah Schrubbe from Fairhope, AL

This is the first class of eight residents to join the program, as it was recently approved for expansion and received Continued Accreditation with Commendation from the Accreditation Council for Graduate Medical Education (ACGME). These new interns will begin on Monday, June 26, 2017 with orientation to Lee Health, Florida State University College of Medicine, and the residency program. They are expected to graduate in June 2020 after completing a 36 month curriculum with rotations to include inpatient medicine and pediatrics, obstetrics, gynecology, general surgery, critical care (ICU), ENT, ophthalmology, urology, adult medicine subspecialties, outpatient pediatrics, behavioral medicine, orthopedics, sports medicine, dermatology, adult and pediatric emergency medicine, neurology, community medicine, geriatrics, practice management, cardiology, and 5 electives.

"We are extremely blessed to have matched with eight outstanding candidates this year," says Gary Goforth, M.D., Founding Program Director of the Family Medicine Residency Program at Lee Health. "Our new residents are academically strong — scoring in the top 20% in the nation on the United States Medical Licensing Examination. Each of our residents is passionate about training in our program and caring for the underserved; and the majority of the residents are also interested in global medicine."

The local program is based at Lee Memorial Hospital with the Florida State University College of Medicine as its institutional sponsor. This residency program was developed to abate the shortage of primary care physicians anticipated nationally, an issue that is compounded locally by a rapid population growth in Southwest Florida. Medical school graduates are required to complete residency training in their chosen specialty in order to become independently practicing physicians. With about two-thirds of Florida's medical graduates going out-of-state for their residencies, the hope is that more resident graduates will remain in the area to practice medicine. Statistically, about 60 percent of residents will practice medicine in the same area in which they are trained.

With 520 family medicine residency programs currently in the U.S., competition is tough for physicians applying. "This year, we received more than 1,700 applications from U.S. medical students and physicians from all over the world," says Dr. Goforth. A Recruiting Committee selected 70 applicants for interviews conducted between October 2016 and January 2017, and a Rank Order List was submitted to the National Residency Matching Program (NRMP) in late February 2017. Match Day is celebrated throughout the world at medical schools and residencies as they announce results of the NRMP matching process. Our local residency program is extremely fortunate to have filled all positions with outstanding residents through the NRMP matching process since the first residents started on April 1, 2014.

Jennifer Carrion

Arieal Felix

Shayna Klein

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Christine Norton

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Jaime Realsen

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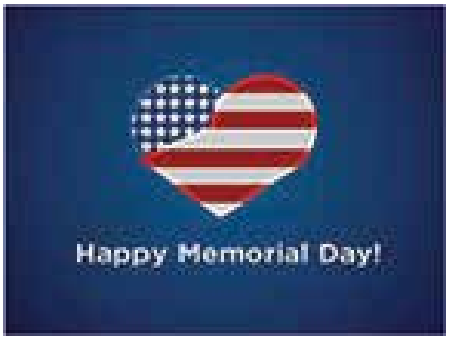

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