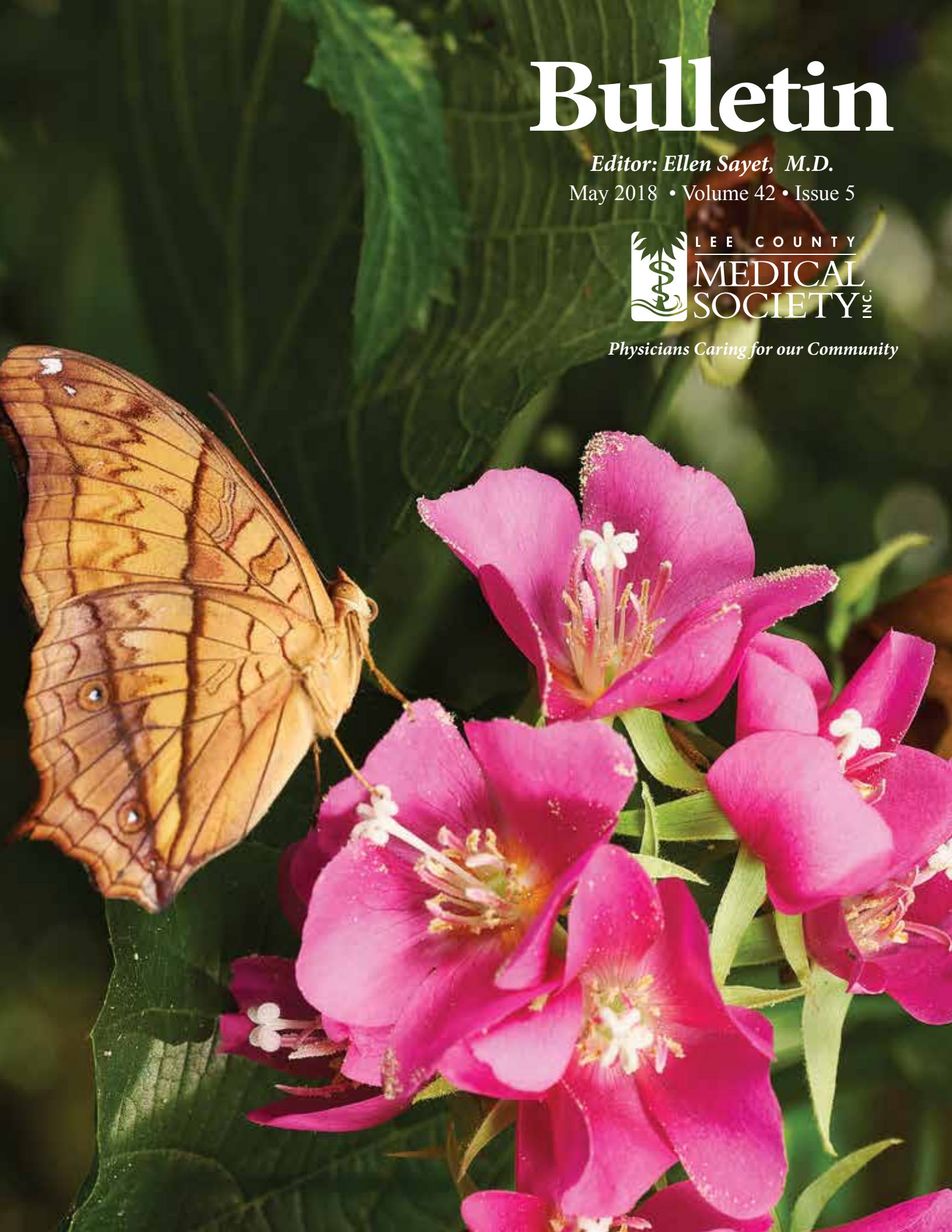

Bulletin

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LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

13370 Plantation Road, Ste 1, Fort Myers FL 33912

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

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Julie Ramirez, 239 -936-1645
E-Mail: jramirez@lcmsfl.org

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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 By Peter Sidell, M.D.

Fairchild Tropical Botanical Gardens in Coral Gables, Florida. The garden was opened in 1938 and is named for and dedicated to David Fairchild who was a botanical explorer of the late nineteenth and twentieth century. I believe this is a Carolina Satyr — a common Florida Butterfly. A visit to the garden is a great compliment to any visit to the Miami area.

Cover Photo:
Peter Sidell, M.D.
Fairchild Tropical Botanical Gardens in Coral Gables, FL

Work-Life Tips for Phsicians

REMEMBER: IT'S OK TO DO SOMETHING JUST BECAUSE YOU ENJOY IT.

Sometimes it's OK to do nothing that appears to have redeeming value. Reading a novel or surfing the Web every once in a while can provide the kind of mental break you may need.

To be continued in each upcoming Bulletins this year.

Membership News

Moved out of Area
Herbert Ezugha, MD

Retired
Ira Zucker, MD

New Location
Carmen Fernandez, MD
Millennium Physician Group
13214 Palm Beach Blvd.
Fort Myers, FL 33905
Tel: 239-694-7887
Fax: 239-694-8941

New Members

Melanie Altizer, MD – Dr. Altizer received her medical degree from West Virginia University, Morgantown, WV in 2002. She completed a Family Medicine internship and OB/GYN residency from 2002-2008 at West Virginia University, as well. Dr. Altizer is in practice with LPG OB/GYN, 15901 Bass Road., #100, Fort Myers, FL 33908. Tel: 239-343-6100 Fax: 239-343-9925. Board Certified: Obstetrics and Gynecology.

Michael DeFrain, MD - Dr. Michael DeFrain received his medical degree from Wayne State University School of Medicine, Detroit, MI in 1998. He completed a General Surgery residency at Michigan State University, Grand Rapids, MI in 2003 and a Cardiovascular Disease & Thoracic Surgery residency at Texas Heart Institute & MD Anderson, Houston, TX in 2005. Dr. DeFrain is in practice with LPG Cardiothoracic Surgery, 9981 S. HealthPark Dr., Ste. 120, Fort Myers, FL 33908. Tel: 239-343-6341 Fax: 239-343-6342. Board Certified: General Surgery and Thoracic Surgery.

Ricardo Orlando Escarcega, MD – Dr. Ricardo Orlando Escarcega received his medical degree from Benemerita Universidad Autonoma de Puebla School of Medicine, Puebla, Mexico in 2005. He completed an Internal Medicine residency from 2007-2010 at Temple University Hospital, Philadelphia, PA as well as a Cardiovascular Disease and Chief Cardiology fellowship at Temple University Hospital from 2010-2013. He also completed an Interventional Cardiology fellowship at Georgetown University/MedStar Washington Hospital Center, Washington, DC from 2013-2015. Dr. Escarcega is in practice with Florida Heart Associates, 1550 Barkley Circle, Fort Myers, FL 33907. Tel: 239-938-2000 Fax: 239-938-0404. Board Certified: Internal Medicine and Cardiovascular Disease.

David Johnson, MD – Dr. Johnson received his medical degree from Vanderbilt University Medical School, Nashville, TN in 2011. He completed a Surgery internship. Diagnostic Radiology residency and Vascular & Interventional Radiology fellowship at Vanderbilt University Medical School from 2011-2017. Dr. Johnson is in practice with Florida Radiology Consultants, 8791 Conference Drive, Fort Myers, FL 33919. Tel: 239-938-3500 Fax: 239-938-3555. Board Certified: Radiology.

Manolis Kyriacou, MD, – Dr. Kyriacou received his medical degree from Spartan University, St. Lucia in 2000. He completed a Family Medicine residency at Bon Secours Cottage Health Services, Grosse Pointe, MI from 2004-2007. Dr. Kyriacou is in practice with Physicians Primary Care of Southwest Florida, 1255 Viscaya Pkwy., Ste. 200, Cape Coral, FL 33990. Tel: 239-574-1988 Fax: 239-574-1435. Board Certified: Family Medicine.

Israel Guerrero Mantilla, MD – Dr. Guerrero Mantilla received his medical degree from Instituto Superior de Ciencias Medicas de la Habana, Havana Cuba in 1997. He completed a Cardiovascular fellowship at Institute of Cardiology and Cardiovascular Surgery, Havana Cuba in 2002, an Internal Medicine residency at New York Downtown Hospital, NY, NY in 2011. He also completed Cardiovascular Medicine and Interventional Cardiology fellowships at The University of Texas Health Science Center at Houston, Houston, TX from 2014-2015. Dr. Guerrero Mantilla is in practice with Florida Heart Associates, 1550 Barkley Circle, Fort Myers, FL 33907. Tel: 239-938-2000 Fax: 239-938-0404. Board Certified: Cardiovascular Disease and Nuclear Cardiology.

Catherine Law, MD – Dr. Law received her medical degree from Wright State University, Dayton, OH in 2008. She completed an Internal Medicine residency and Cardiovascular Disease fellowship at University of South Florida from 2008-2014. Dr. Law is in practice with Florida Heart Associates, 1550 Barkley Circle, Fort Myers, FL 33907. Tel: 239-938-2000 Fax: 239-938-0404. Board Certified: Internal Medicine and Echocardiography.

Heidi Lewis, MD - Dr Lewis received her medical degree from Marshall University Joan C. Edwards School of Medicine, Huntington, WV in 2011. She completed a Radiology internship and residency at University of South Florida, Tampa, FL from 2011-2016 and a Pediatric Radiology fellowship from Baylor College of Medicine, Houston, TX from 2016-2017. Dr. Lewis is in practice with Florida Radiology Consultants, 8791 Conference Drive, Fort Myers, FL 33919. Tel: 239-938-3500 Fax: 239-938-3555. Board Certified: Radiology.

LCMS Calendar of events

All RSVP's can be made online at at *www.lcmsfl.org*

Thursday, May 17

At our next Quarterly Membership Meeting we will have Dr. Andy Wong, Orthopedic Surgeon at Tallahassee Orthopedic Clinic and Associate Professor at Florida State University School of Medicine, speaking on the impact of concussions. Crown Colony Country Club, 8851 Crown Colony Blvd, Fort Myers, FL, 6:30-8:30 p.m.

THE COMPANY STORE

Friday, May 18, 2018 - Do you like to shop and get great deals? We have the perfect opportunity for you. You are invited to shop at the Chico's Company Store on Friday, May 18 from 6- 7 p.m. The Company Store carries an assortment of clothing and accessory samples from each of the Chico's brands – White House Black Market, Soma and Chicos.

This event is open to all LCMS guests — so invite your female coworkers, friends, relatives. Clothing prices range from $9 - 36 with jewelry and accessory prices ranging from $3 - 6.

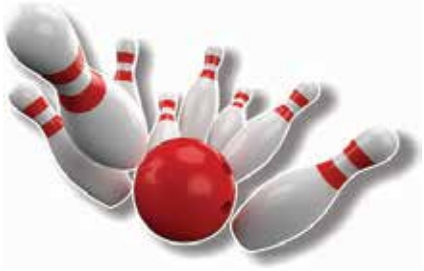
Entrance tickets are $10 and you must register by May 15th to attend due to Chico's Security Policy. You must bring a photo ID and your e-mail confirmation to the event.

Here are some shopping tips:

- There are tables and mirrors around the store.
- Children (under age 13) and/or pets are not permitted in the store
- No dressing rooms available and no disrobing is allowed. Feel free to try merchandise on over your clothes (Personal Tip - wear yoga pants or a skirt for easier fitting for pants and a skinny shirt/tank top for trying on shirts over top)
- No hoarding!
- Cash, checks, debit and credit cards accepted. All sales are final- There are no returns or refunds

Cocktail Hour

join us for our monthly Cocktail hour at Square One Burgers next to Page Field from 6:00-7:30 p.m.
5031 S. Cleveland Ave, Fort Myers, FL 33907



Saturday, June 2, 2018 3:00 - 5:00 p.m. **Family Fun Event!**
Bowling at HeadPinz
Entertainment Center Fort Myers
14513 Global Pkwy, Fort Myers, FL 33913
Free food & bowling to LCMS members and their families

Thursday, June 21, 2018 - 6:30 - 8:30 p.m. *(see insert)*
FSU/Family Medicine Residency Program Welcome Reception
12681 Creekside Lane, Fort Myers, FL 33919

President's Message
By F. Rick Palmon, M.D.

It's been a long and busy season. The snowbirds have started their migration from Southwest Florida to cooler, northern climes. I can begin to look forward to longer daylight hours, less traffic, and no wait time at the local restaurants. As summer approaches, I dread the soaring temperatures, wet weather, and the threat of tropical storms. Emergency preparedness is essential for hurricane season. Hurricane Irma reminded all of us of the importance of preparing for many types of emergencies before they strike, especially the medical community. The hospital alerts physicians about the potential to report for duty if needed and outpatient offices must also have a plan in place. Devise a contact list and emergency call tree for all staff for emergency communication, especially in the event of power outages and flooding. We bring patient lists home to contact them if office closure is necessary. Monitor the Weather Channel and WINK TV to track the storm forecast. Be aware of which storm surge zone your office is located. To reduce risk of damage by flood or roof failure, elevate all electronics off the floor as high as possible and cover them with plastic. Remember that mandatory evacuation areas can affect both staff ability to report to work and your patients' ability attend appointments. After Hurricane Irma some practices were closed for up to 5 days because of power and storm damage. Once reopened, practices discovered that scheduled patients were out of town after evacuating and had to be rescheduled. Undoubtedly, such events negatively impact revenue. Overhead insurance defray the costs of unexpected office closure. Alternatively, a practice may keep a reserve in the bank or line of credit for these emergencies. Last year the FMA provided assistance with the Hurricane Irma Disaster Relief Fund for Physicians impacted by the storm. Feel free to call us for assistance.

Be aware of which storm surge zone your office is located.

Cyber-attacks and data breaches concern us all, not just the White House. Medical practices are favored targets. At our last member meeting we learned how criminals gain access to our computers and phones with an excellent talk by Gregory Scasny of Cybersecurtiy Defense Solutions. His job is to find vulnerabilities in business computer security systems and to create improved protection strategies. When criminals hack into a medical practice computer system they can cause problems ranging from stealing passwords and identity theft to installing ransomware into the system which can lock your EMR and practice management software until the ransom fee is paid. A medical practice must have sufficient backup if this should occur, both onsite and in the cloud. Multiple backups are preferred in case one of the backups is also corrupted. The backup can then restore the system from a place in time before the incident took place. After a breach is discovered, it is the practices' responsibility to determine if any patient data has been compromised and to notify patients promptly of this event. Failure to report can be associated with hefty fines from the government. We are fortunate to have Mr. Jason Pill come speak to the membership in September on the legal implications and responsibilities related to patient data breaches for the State of Florida and the Federal government. Please take advantage of this valuable opportunity to learn how to protect your practice, mitigate risks and potential cost of a security breach. All of this can be quite expensive to your practice so make sure you have a cybersecurity plan in place and appropriate insurance to cover if such an incident occurs. At a minimum you should offer to pay for a credit monitoring service for all patients affected by a breach.

Need help with life's difficulties?

Please visit our website at:

www.lcmsfl.org

The Ramirez Report
By Julie Ramires, LCMS Executive Director

On April 4, I had the opportunity to be part of United Way Allocations Team #14. Myself and 21 other business men and women toured 3 different non-profit agencies that the United Way is considering supporting. We toured Children's Advocacy Center, Children's Network and Lutheran Services. These 3 agencies are all based on helping abused or neglected children find the care they need in their dire situation.

Children's Advocacy Center assess and treat kids believed to have been physically or sexually abused or to be at-risk of such abuse and provide a safe place for them to come and be heard. They offer abuse determination services as well as therapeutic counseling, parenting education and prevention programs in Lee, Hendry, Glades and Charlotte Counties. I was amazed at their new program to bring in pet therapy dogs to comfort the children. As a huge dog lover, I can see how a non-judging, loving, fuzzy creature can bring comfort and even help open up a hurting child.

The Children's Network of SWFL was created in 2003 as the Lead Agency for child welfare services in Circuit 20 – Lee, Collier, Charlotte, Hendry & Glades Counties. Their goal is to provide the abused or neglected children of our community, safety, better access to local resources and ability to have a stable, loving and secure home environment. Children's Network has foster and adoptive parent programs to help provide abused children a temporary, safe place to live. The goal is for all children to have a permanent home with one year of coming into the child welfare system. They currently have 250 foster families but need many more in this 5-county region. For more information on being a foster parent visit: https://www.childnetswfl.org/foster_parents.php

We also visited the Oasis Youth Shelter run by Lutheran Services of Florida. The Oasis is a short term, residential shelter for runaway and troubled youths ages 10-17. The Oasis is a designated SAFE PLACE. Project SAFE PLACE is a national network of voluntary community sites where youth in need of help can go for safe refuge. What I noticed most about the Oasis is that they gave these children – stability. They gave them a schedule, guidance, affirmation, counseling and the ability to make a change in their lives.

How to Completely Revamp Your Medical Practice

By Imtiaz Ahmad, MD, MPH, FCCP LCMS Board Member

As time progresses, the way medical practices adapt to new needs may make or break the synergy of the healthcare setting. Rapid advancements with technology and management promote diverse ways for practices to meet such new needs.

Yet one prevailing mentality undermines them all:

This is how it has always been done.

Fortunately, many are turning away from this traditional and limiting mantra, instead embracing the following ways to revamp one's medical practice.

Adoption and Training of New Technologies

Integrating medical technologies may be one of the most powerful ways to improve one's practice economy sector while simultaneously improving the quality of patient data and patient care. The electronic medical record streamlines data for effective care by providing a complete medical history, accessible from any EMR-integrated device. Charge capture platforms are revolutionizing a similar approach. For instance, www.DocCharge.com integrates patient data, billings, and medical necessity information all in a single platform to save practices time and revenue by addressing missed charges.

Tracking Patient Generated Health Data

The increased presence of smart phones and wearable health devices provides a source for passively generated health data. Smart phones are allowing patients to view a different perspective into their sleep-health life. With unique applications, such as Kardia, individuals may even carry their own FDA cleared EKG devices, generating and sharing vitals on the go with their physicians.

Accuracy improvement may potentially reduce the risk of harm and increase the amount of informed patients. Perhaps, the increase in informed patients may lead to better investment in one's medical practice.

Final Thoughts

At the end of the day, the answer to improving medical practice is not to increase specialization and expertise. But rather to adapt new tools that always challenge the notion: this is how it has always been done.

Dr Imtiaz Ahmad is a board certified pulmonologist and sleep specialist practicing in Lee County since 2004. He is the Medical Director of Allergy Sleep & Lung Care-SOMNAS, 21st Century Oncology. His passion is to use modern technology to improve physician life and practice. He can be contacted at imtiaz.ahmad@21Co.com

LCMS & CCMS Joint Cocktail Hour

April 13, 2018

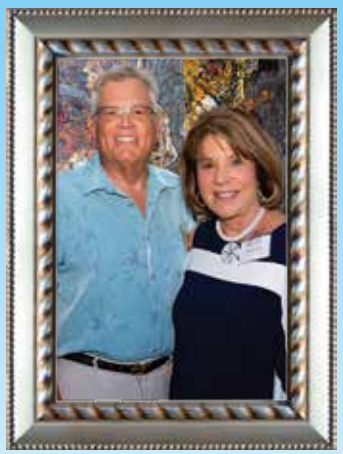
CCMS 1957 COLLIER COUNTY MEDICAL SOCIETY

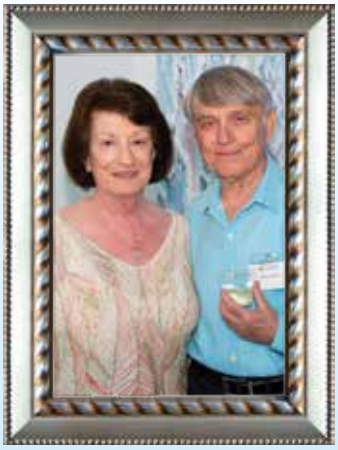
After 5

LEE COUNTY MEDICAL SOCIETY INC

SOCIAL EVENT

LCMS & CCMS Joint Cocktail Hour
April 13, 2018





As I Recall

By Roger Scott, M.D. (Previously Published December 2000)

Survivor

Forty-six years ago, to be exact December 10, 1954, on a cool, cloudy day on the New Mexico desert, we were waiting for the arrival of "the sled." This was not Santa's sled; it's a twelve JATO jet-powered sled. You're invited to go back 46 years to this special day with me.

The rider of the sled is John Paul Stapp, Air Force Lt. Col., M.D., and Ph.D. in Biophysics. Before his experiments with rocket sleds began in 1947, it was thought that the human body could not sustain forces of more than 19 g's. His job is to ascertain the tolerance of the human body to the G-forces caused by ejection from a supersonic aircraft or a crash. Dr. Stapp has ridden the sled twenty-eight times over eight years, gradually increasing G-forces but never with the expected forces of today's ride along with the windblast factor. This 45-year-old diabetic bachelor is placed in the seat of the sled with only a simple flight suit and a hard helmet with a visor for protection. There isn't a windshield nor a G-suit. All types of measuring devices are attached to him, and he is strapped in the seat with seat belts; his hands and feet tied in front of him to avoid their being avulsed by the expected g's. I am standing at the far end of the 3,600 ft. track with the ambulance, stretcher, body bag and large laundry basket. We are not certain as to whether Stapp will be a survivor, cadaver, or hamburger at the completion of this run. The massive rocket gallery fires and with a mighty plume of white smoke and loud roar the sled accelerates (fast as a bullet) from zero to 632 MPH in a total of 4 seconds and decelerates from 632 MPH to zero in 1.4 seconds. This ride creates 46 g's and windblast equivalent to a bailout from a jet plane at 1,800 MPH at 35,000 feet. As the sled stops, it is impossible to tell whether Col. Stapp is dead or unconscious as his head has fallen forward and he's non-responsive. Upon release from the restraints, he regains consciousness and is noted to have profound, extensive petechial hemorrhage about the body, the most profound subconjunctival hemorrhages I have ever seen, and some visual difficulty but no major injuries. Carefully monitored in the hospital, he remains stable and is discharged in about 36-48 hours. A SURVIVOR!

"If anything can go wrong, it will."

Col. Stapp was hailed nationwide as "the fastest man on earth" being on the cover of magazines (such as TIME & COLLIERS), on the TV and radio, in newspapers & magazines, and in fact, this day totally comprises Chapter 8 of a book Guinea Pig Doctors, 1987. He had a full recovery and continued to direct "flights" on the sled with much fewer g-forces for future astronauts and test pilots. In 1955 Stapp realized that the Air Force had more casualties from automobile accidents than to bailouts or airplane crashes, so he became vitally interested in automobile crash survival and seat belts. As an early advocate for seat belts for cars, he was a speaker at the LCMS Medical Forum in March 1964. (AIR Medical Forum 9/96)

From 1955 until his death in November 1999 he remained very active in these studies and was instrumental in the formation of the National Highway Safety Administration, became a consultant to the US Surgeon General, NASA, and began a car crash program using human volunteers to test seat belts and other safety devices up to 28 g's or 4,800 lbs. decelerated force.

In May 1955, the first Car Crash Conference was held under his direction and was later named the Stapp Car Crash Conference and held annually.

Among the many other awards he received were memberships in the Society of Automotive Engineers, International Space Hall of Fame, National Aviation Hall of Fame, National Safety Health International Hall of Fame and medals and awards from the USAF. If all Dr. Stapp's laurels are not adequate to keep him remembered, then the following should. "If anything can go wrong it will," was uttered by Edward Murphy, an engineer with Stapp in 1949. When giving a press conference, Stapp quoted Murphy and thus "coined" Murphy's Law! As you know, this law rapidly became popular. Dr. Stapp was a truly fine, mild-mannered gentleman of a quiet personality; quite the opposite we would expect of one living on the "edge" frequently. His survival and programs have improved our safety and survival. I appreciated having known this brave and dedicated physician and to be there for his last ride. Thanks for sharing this event with me.

By popular request & with Dr. Roger Scott's permission, The Society has been asked to reprint some of Dr. Scott's previous Bulletin articles.

Family Medicine Residency Celebrates Outstanding 2018 Match Day

By Gary Goforth, M.D., FSU University College of Medicine, Residency Program

On Match Day, Friday, March 16, 2018, the eight, new, first-year, family medicine residents who will be starting their training at Lee Health were revealed by The Florida State University College of Medicine Family Residency Program. The new residents include: Kathleen "Katie" Dixon from Lake Mary, Fla., Jerry Lanza from Belize, Tatianna Pizzutto from Clearwater, Fla., John Schmidt from Hattiesburg, Miss., Miri Shlomi from Orange, Ohio, Diana Sitar from Las Vegas, Tyler Spradling from Fort Myers Beach, Fla., Renee Wong from Toronto, Canada.

This is the second class of eight residents to join the program since the Accreditation Council for Graduate Medical Education (ACGME) awarded Continued Accreditation status and a complement increase from six to eight residents per year in 2016. These new interns will begin on Monday, June 25, 2018 with orientation to Lee Health, Florida State University College of Medicine, and the residency program. They are expected to graduate in June 2021 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.

The residency program development began in May 2012 and accepted its first residents in April 2014. With 557 family medicine residency programs currently in the U.S., competition is tough for physicians applying. We have built a strong reputation as a place to train and the interest in our program is proof of that. This year, we received about 1,800 formal applications and more than 200 requests for information. We interviewed 65 applicants and filled all eight of our positions through the National Residency Matching Program (NRMP). The program has filled all of its positions to date through the NRMP process.

In addition to the high level of interest and significant number of applications, the caliber of residents is high and those we were matched with are academically strong. The residents are high-scoring, bright, passionate doctors. Our new residents for the class of 2021 are interested in caring for the underserved; and many of them are also interested in global medicine.

Statistically, about 60% of residences will practice medicine in the same area in which they were trained.

Since the program started in 2012, and including our 2018 graduates, 18 doctors will have graduated from The Florida State University College of Medicine Family Medicine Residency Program at Lee Health. So far, all of the graduates of our program have passed the American Board of Family Medicine board certification exam on their first attempt. And, the majority of the graduates (13 of the 18 or 68%) practice medicine in the Fort Myers/Naples area. Two graduates of the residency program were accepted into fellowship programs with one planning to return to the area to practice medicine following his fellowship. Statistically about 60% of residents will practice medicine in the same area in which they were trained. We're seeing that with our program, and that was the goal — to help abate primary care physician shortages in our area.

EHR's Can Advance Good Medicine - If Doctors Are Aware of the Risks

By David B. Troxel, MD, Medical Director, The Doctors Company

Historically, the doctor-patient relationship has been at the heart of medical practice, with administrative tasks and record-keeping at the border.

Today, that critical balance is at risk. Nearly all hospitals and 80 percent of medical practices use electronic health records (EHRs), presumably to help improve access to health information and increase productivity. The problem is that none of these digital tools were designed specifically to advance the practice of good medicine.

Consider these stark statistics: Every hour doctors spend with patients, they dedicate nearly two more hours to maintaining EHRs and clerical work. Yet even when physicians are with patients, they're spending approximately 37 percent of their time interacting with EHRs or other desk work.

We are now witnessing the highest levels of physician burnout on record. Indeed, the rise of documentation demands and decrease of meaningful patient interactions has led to major physician frustrations—while making it harder for physicians to deliver quality care.

For these reasons and more, the EHR has introduced patient safety risks and unanticipated medical liability risks. According to a new study from The Doctors Company, the nation's largest physician-owned medical malpractice insurer, the number of EHR-related medical malpractice claims has risen over the past 10 years.

Factors Behind EHR Errors

For the most part, the EHR is a contributing factor in an EHR-related claim and not the primary cause. This and their low frequency (0.9 percent of all claims) suggest that EHRs infrequently result in adverse events of sufficient severity to develop into a malpractice claim.

When EHRs are a factor in a claim, the study showed that user factors (such as data entry errors, copy-and-paste issues, alert fatigue, and EHR conversion issues) contributed to nearly 60 percent of claims. As computer users, we all copy and paste. Therefore, it's no surprise that time-pressured physicians embrace the same habits when using EHRs. In fact, the University of California San Francisco Medical Center—today considered a top five medical center in the United States—reviewed more than 23,000 of their own progress notes over an eight-month period and found that, on average, clinicians manually entered just 18 percent of the text in each note, while 46 percent was copied and 36 percent was imported.

System factors (such as data routing problems, EHR fragmentation, and inappropriate drop-down menu responses) contributed to 50 percent of claims. EHR fragmentation was among the most prominent system factors, contributing to 12 percent of errors. This factor means that different components of a single patient encounter might not be located together in the EHR. Consequently, doctors must check in different places to find laboratory and x-ray results, histories and physicals, etc. — resulting in important information being overlooked or unidentified.

Re-Claiming the Doctor-Patient Relationship

One overwhelming response to adjust to burdens introduced by EHRs has been the rapid growth of medical scribes. Nearly 20 percent of medical practices are using scribes to help untether physicians from the EHR, with many doctors citing improved efficiency and satisfaction. Yet while scribes can offer great advantages, they can be a double-edged sword. According to a survey of hundreds of physicians from The Doctors Company, the lack of standardized training and variability in experience among scribes poses risks to data accuracy and delivery of care —which could increase liability for the patient and physician alike. With or without scribes, lowering risk begins with each patient visit. At the beginning of each new session, doctors should inform patients of the purpose of the EHR and emphasize they are listening closely even though they might be typing during the appointment. Practices can set up treatment rooms

EHR's
Cont'd from pg 10

so the patient can watch the screen and see what is being typed. It is also helpful to summarize or read the note to the patient to demonstrate that you have listened, and ask, "Do I have it right?" If the doctor is using a medical scribe to untether them from their EHR, the same principle applies.

Patients must also become their own advocates. They can ask their doctor to read back the EHR notes or review what has been written. Patients can interact with their health record online through patient portals and review their medical record as well as disease-specific educational materials and drug safety information. It is important that they communicate any errors they find as well as personal information updates to the physician.

What the Future Holds

As with any challenge of major proportions, progress will take time. But I'm optimistic that the EHR will evolve over the next 5 to 10 years and improve both the quality of medical care and patient safety.

Optimizing the EHR will involve:

- Redesigning EHR workflows to reflect clinical practice workflows in hospital, clinic, and office environments. It is essential that physicians and other healthcare providers be involved in this endeavor.
- Developing standardized diagnostic and treatment protocols.
- Researching medical artificial intelligence (AI). This is underway and will doubtless play a significant role in future medical practice.
- Making EHR interoperability a high priority.
- Applying "big data" techniques to healthcare. This is underway and, like AI, will lead to new knowledge insights that will change the practice of medicine.

Today, what I hear from The Doctors Company's 80,000 member physicians is encouraging. Doctors are eager to "reclaim" their profession and refocus patient relationships amidst the new demands of today's digital age. Into the future, new protocols, policies, and training programs must take these small successes to a large scale.

National Hurricane Conference
By Eric Garver, M.D. Orthopedic Surgeon, Retired - Lee County Healthcare Coalition

In anticipation of the coming hurricane season the National Hurricane Conference was recently held in Orlando. Much of the conference was a review of last year's busy season with emphasis on Hurricane Irma. During the award ceremony, Lee County Emergency Management received "The Outstanding Achievement Award for Emergency Management". Numerous members of Lee County Heathcare Coalition participated in this conference. There were several breakout sessions that are relevant to institutions, agencies, and individuals from our community. The importance of disaster planning and exercising the different scenarios was discussed. Business continuity planning is relevant to hospitals as well as individual physician's practices. This would allow to quickly resume normal operations following a disaster.

The National Guard response in Florida to Hurricane Irma was discussed by the commanding LT General He related that state wide the Guard response involved 3 brigades of 11,000 soldiers. Statewide 257 shelters were opened. Forces from many different states were utilized during Irma. Some of the units and functions utilized include: Transportation Units, Medivac and Search and rescue, 53rd Infantry Brigade, reserve SAR units, 5 communication units, carrier strike force assists, USS Iwo Jima offshore, Numerous other military assets

The importance in cross origination aid and planning was emphasized. Several speakers emphasized that water events such as surge, flooding, and rain fall produced seventy five percent of the fatalities. Wind forces were responsible for only twenty five percent of the fatalities, thus the importance of understanding the nature of water events. The mantra often repeated "Hide from wind, run from water". A low scale wind hurricane force can still produce considerable deaths from surge and water forces.

Evacuation planning is a complex process due to the uncertainty of nature in predicting hurricane direction and forces, as well as characteristics such as water concerns. The concept of "clearance time" is utilized for local evacuation planning.

An interesting session described the importance of ham radio operators when normal communication systems are nonfunctioning.

Representatives from the US Virgin Islands and Puerto Rico spoke of the severe devastation of these Islands. Much of this destruction still exists.

Experts from the National Hurricane Center explained the methodology of hurricane forecasting. They detailed the complex factors that these prediction models are based upon. Whether any individual medical practice or a hospital system, the old adage of the boy scouts "be prepared" is the key to resilience and recovery.

Doctors wear white coats. But what do their spouses wear?

By Lara McElderry, marriedtodoctors.com

When we first met and got married, my husband Josh wanted to be a math teacher. Since I was also pursuing a career in teaching, I thought this was a great idea. I envisioned both of us teaching together in the same school district for forty years, becoming local superstars! We would know all the kids in town and spend our summer vacations traveling to exotic locations around the globe. But one short year into our marriage, Josh became intrigued with the idea of attending medical school. Before long, he signed up to take the MCAT, and suddenly our lives were headed on a different path than I had ever expected.

As the years went by, medical school and residency had a dominating presence in our lives and determined my husband's work hours, where we lived, my career options, which weddings and funerals we could or could not attend and the level of our financial debt. This often left me feeling upstaged by his career. While I was still my husband's number-one fan, I simultaneously had feelings of resentment towards his career choice.

When Josh started medical school, I was 27. This last January, I turned 40; and my husband has been in school or training during almost all of our 16 years of marriage, including his current position as a surgical critical care fellow. During these years, I've learned a lot about myself, and have found a few answers as to why I struggled with resentment. Interestingly, it hasn't been the career and its demands with which I've needed to make peace. I really needed to make peace with myself. Here is how I found my voice as a doctor's wife.

I really needed to make peace with myself.

Becoming confident with who I am

I had a difficult time telling people I was married to a doctor after Josh graduated from medical school. I had a long list of reasons why I wasn't, in my mind, a "typical" doctor's wife. The reasons ranged from finances to personal appearances. Mostly, I was just intimidated. Growing up, I had never associated with doctors or their families. I often felt like an imposter — that I somehow didn't belong in the "Dr. Wife Club." Doctors wear white coats; what do their spouses wear? I didn't know, and if I did know, I was sure I didn't own that outfit. Looking back, however, I have realized that all of that mind chatter was just that: mind chatter, and not reality. There is no "Dr. Wife Club." I needed to be confident with who I was: a girl who grew up in small-town Oklahoma, worked long hours to get her college degree, values having children and always wears a ponytail.

I have found that many physicians and their spouses enjoy talking to and mentoring younger students and residents and their families. I've learned to speak up and engage with them, and I think I fit in more than I thought I did. I am enough, insecurities and all.

Trusting my decisions

I believe physician spouses can have careers, be moms and dads and emotionally support our partners through training. I also believe that, for some of us, we may not be able to do all three of these at one time. I set aside my career ambitions for many years during medical school and residency. That's not a choice everyone has to make or should make. But, for many physician spouses, it may make sense, especially if there are several moves (we had six) and several children (we had five) along the way.

I didn't make a bad decision about my career; the problem was I didn't trust my decision. I felt I was missing out, and I was always searching for a way to simultaneously have a family, get Josh through training and have my own career. I teased myself constantly, wondering if the right job was out there, just one Google search away; and I wasted hours looking at jobs I knew I wouldn't apply for. What I see now is that I was doing the right thing by focusing on our young children and my husband's training. My fear of missing out on the perfect job blocked finding the joy in what I was currently doing with my time. When I changed my thought to: "I've made the best decision for our circumstances," I began to feel differently. Learning to embrace my decision rather than fighting it brought me peace.

Being kind to myself

By the middle of Josh's third year of medical school, we had three boys, ages four, two and seven months. Our oldest son was in speech therapy and still struggling to say words like "milk." It was super challenging and frustrating trying to communicate with a strong-willed little person who was unable to say what he needed to say. Our youngest, a happy baby overall, had several ear infections and needed ear tubes. Our middle child had a large brain tumor removed that year, and he had many physical delays, which required a lot of physical and occupational therapy for the next few years. He barely had the strength to sit up when he came home after his hospital stay. He could no longer walk or run. He fell frequently and had a helmet he was wearing full time, except while sleeping.

I would, however, think back to my junior high cross country coach who would yell, "I don't care how slow you are going, you just don't quit! Don't start walking! You keep going until the race is over." That's how I got

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through the next year and a half. I just didn't quit. My run was slower than most people walk, but I was still going.

Was I amazing? Yes. Yes, I was. I see that now with time and perspective; but sadly, at that moment, I couldn't see it. I was extremely judgmental of how I handled things. I thought I needed to be the perfect wife, mom, house cleaner, money manager, costume-maker, soccer mom, healthy menu-planner, and blogger. Not to mention go to church, keep up with my extended family, and take the kids regularly to the dentist and therapy, oh! and have a great holiday card where we looked at the camera in color-coordinated outfits.

Clearly, that was ridiculous. I have learned that sometimes a seven out of 10 is not bad. To me, that means if the living room is clean, but the bathroom isn't, that is OK. If the laundry is clean but not folded neatly in drawers, that is OK! If Josh only attends one game out of the season, or the last few minutes of a birthday party, I will take it! If we choose not to sign up for city sports, I trust that decision and value the downtime.

Now, I do my best to own and not question the decisions we have made, and I attempt to show myself a little kindness. Most importantly, I no longer feel resentment toward my husband or his career. In fact, I am proud of him and genuinely interested in his work. As for the title, "doctor's wife," well, I've embraced that too.

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