Bulletin

Editor: Ellen Sayet, M.D.
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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.

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 Stanley Schwartz, M.D.

Purple Passion flower vine trailing over the waters of whiskey Creek in South Fort Myers

Passiflora incarnata, commonly known as maypop, purple passionflower, true passionflower, wild apricot, and wild passion vine, is a fast-growing perennial vine with climbing or trailing stems. Wikipedia Scientific name: Passiflora incarnata Higher classification: Passion Flower

Did you know: The fresh or dried leaves of maypop are used to make a tea that is used for insomnia, hysteria, and epilepsy, and is also valued for its analgesic properties. justfunfacts.com

A passion flower native to south Florida is the host plant for Florida's state butterfly the zebra long wing butterfly

Photo by
Stanley Schwartz, MD

Work-Life Tips for Physicians

KNOW YOUR LIMITS.

If you don't know where you want to spend your time, Identify what is important to you and admit what is not. Don't be afraid to say no. Remind yourself that when you're saying no to a request, you are simultaneously saying yes to something you value more than the request.

To be continued in each upcoming Bulletins this year.

Pictorial Directories are available for pick up at LCMS office. If you would like additional copies, please call the office at 239-936-1645 and let us know how many copies of the directory to get ready for you. You can drop by and pick them up at your convenience. ***We will not be mailing out the extra copies due to cost.***

Events

Friday, September 14, 2018 - Cocktail Hour
Square One - 5031 S. Cleveland Ave, Fort Myers, FL 33907
6:00 p.m. - 7:30 p.m.

Thursday, September 20, 2018 — September General Membership Meeting
Live Opioid CME - 13051 Bell Tower Dr., Fort Myers, FL 33907
Social: 6:30 p.m. Dinner & CME 7:00 p.m. - 9:00 p.m.
Registration limited to 140 attendees

Future Events
October — Men's Event — TBD
November — Retiree Luncheon — TBD
November 10, 2018 — Family Fun Picnic at Lakes Park
Thursday, November 15, 2018 — General Membership Meeting

Member News

Moved out of Area
Shane Drahos, MD

Retired
Andree Dadrat, MD
Martin Sherman, MD

Practice Change
Gary Goforth, MD
ShellPoint Retirement Community
15101 Shell Point Blvd.
Fort Myers, FL 33908
Tel: 239-466-1131

New Practice
Adriana Loukanova, MD
Loukanova Medical
6311 South Pointe Blvd., Ste. 300
Fort Myers, FL 33919
Tel: 239-689-4036, Fax: 239-689-4028

Milena Loukanova, MD
Loukanova Medical
6311 South Pointe Blvd., Ste. 300
Fort Myers, FL 33919
Tel: 239-689-4036, Fax: 239-689-4028

New Member

New Member
Gregory Sonn, DO -
Iona Cannabis Clinic
15620 McGregor Blvd., Ste. 100
Fort Myers, FL 33908
Tel: 239-689-6819 Fax: 866-476-5645
Board Certified: Family Practice
and Hospice and Palliative Medicine.

MEMBER NEWS
We are requesting that if you have information that you would like to share regarding yourself or your practice, to please e-mail kris@lcmsfl.org. You will be featured in our upcoming Membership Spotlight section.

Classified Ads

Rentals

Unfurnished condo in Mastique 2 w/ 3bd/baths (2800 sq ft) private elevator, amazing sunsets/views security, great gym/pool. NO PETS/NO smokers. Annual rent is $2800.00/mo. AVAILABLE immediately to move in. TEXT 239.851.8146.

Rental (4 to 6 mo or annual)

Furnished condo in Mastique 1 w/ 3bds/3bath (2800 sq ft) private elevator, amazing sunsets/view, security, great gym/ pool. No pets/no smokers. Annual rent is $3000/mo or longer seasonal min of 4 months is $5000/mo. TEXT 239.851.8146.

LCMS is now offering Classified Ads for a $25.00 fee for members. To place a Classified Ad, please contact admin@lcmsfl.org.

New Applicants

Peter Ameglio, MD – Dr. Ameglio received his medical degree from Albert Einstein College of Medicine, NY in 1995. He completed an internship at Lincoln Medical Center, NY from 1995-1996 and an Orthopedic residency at Bronx Lebanon Hospital Center from 1996-2000. He also completed a fellowship with Dr. Gregory Pomeroy, MD, Portland, ME from 2000-2001. Dr. Ameglio is in practice with Gardner Orthopedics, 3033 Winkler Ave., Ste. 100, Fort Myers, FL 33916. Tel: 239-277-7070 Fax: 239-277-7071. Board Certified: Orthopedic Surgery

Matthew Assing, MD – Dr. Assing received his medical degree from the University of South Florida, Tampa in 2011. He completed a Diagnostic Radiology internship and residency at the University of South Florida from 2011-2016. He also completed a Breast Imaging fellowship at Stanford University, Stanford, CA in 2018. Dr. Assing 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

Kathleen Dixon, MD – Dr. Dixon received her medical degree from Loma Linda University School of Medicine, Loma Linda, CA in 2018. She is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

Miguel Echevarria, MD – Dr. Echevarria received his medical degree from Ponce School of Medicine, Ponce, PR in 2010. He completed a Transitional internship at Hospital Episcopal San Lucas, Ponce, PR in 2011 and a Diagnostic Radiology residency at University of Puerto Rico in 2017. From there, he completed a Musculoskeletal Radiology fellowship at Emory University School of Medicine, Atlanta, GA in 2018. Dr. Echevarria is in practice with Radiology Regional, 3680 Broadway, Fort Myers, FL 33901. Tel: 239-936-2316 Fax: 239-425-4798. Board eligible.

Klaus Freeland, MD – Dr. Freeland received his medical degree from University of Florida, Gainesville, FL in 2010. He completed an internship at Walter Reed Army Medical Center, Washington, DC from 2010-2011 and an Ophthalmology residency at Walter Reed National Military Center, Bethesda, MD from 2011-2014. Dr. Freeland is in practice with Snead Eye Group, 4790 Barkley Circle, #C-103, Fort Myers, FL 33907. Tel: 239-936-8686 Fax: 239-936-2532. Board Certified: Ophthalmology.

Joseph Fuller, MD – Dr. Fuller received his medical degree from University of Miami Miller School of Medicine, Miami, FL in 2011. He completed a General Surgery internship at Swedish Medical Center, Seattle, WA from 2011-2012 and a Diagnostic Radiology residency at University of Washington, Seattle, WA from 2012-2016. From there, Dr. Fuller completed a Neuroradiology fellowship at the University of North Carolina from 2016-2017. He is in practice with Radiology Regional, 3680 Broadway, Fort Myers, FL 33901. Tel: 239-936-2316 Fax: 239-425-4798. Board Certified: Radiology.

Paul Graham, MD - Dr. Graham received his medical degree from Edward Via College of Osteopathic Medicine in 2013. He completed a Traditional Rotating internship at Largo Medical Center, Largo, FL from 2013-2014 and a Dermatology residency at St. Joseph Mercy Health System, Ann Arbor, MI from 2014-2017. From there, he completed an ASDS Cosmetic Dermatologic Surgery fellowship at McDaniel Laser and Cosmetic Center, Virginia Beach, VA from 2017-2018. Dr. Graham is in practice with Associates in Dermatology, 8381 Riverwalk Park Blvd., Ste. 101, Fort Myers, FL 33919. Tel: 239-936-5424 Fax: 239-933-5176. Board Certified: Dermatology.

Jaclyn Holt, DO – Dr. Holt received her medical degree from Nova Southeastern University, Ft. Lauderdale, FL in 2013. She completed a Osteopathic Traditional Rotating internship at Largo Medical Center, Largo, FL from 2013-2014 and a Physical Medicine & Rehabilitation residency at John Hopkins University, Baltimore, MD from 2014- 2017. Dr. Holt is in practice with Orthopedic Center of Florida, 12670 Creekside Lane, Ste. 202, Fort Myers, FL 33919. Tel: 239-482-2663 Fax: 239-482-7585. Board Certified: Physical Medicine & Rehabilitation.

Jerry Lanza, MD – Dr. Lanza received his medical degree from Latin America School of Medicine, Cuba in 2007. He is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

Antoinette Lloyd, MD – Dr. Lloyd received her medical degree from Yale University School of Medicine in 1986. She completed an Internal Medicine internship at Rhode Island Hospital from 1986-1987 and a Family Medicine residency at University of Florida/Jacksonville School of Medicine from 1991-1994. Dr. Lloyd is in practice with Hope Healthcare, 13821 N. Cleveland Ave., N. Fort Myers, FL 33903. Tel: 239-322-5320 Fax: 239-322-5333. Board Certified: Family Medicine and Aesthetic Medicine.

The following LCMS members will be representing Lee County at the 2018 FMA Annual Meeting Aug. 3-5, 2018

Tatianna Pizzutto, MD – Dr. Pizzutto received her medical degree from Florida State University COM, Tallahassee, FL in 2018. She is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

Nikhil Rajadhyaksha, MD – Dr. Rajadhyaksha received his medical degree from Saba University School of Medicine, Netherlands Antilles in 2011. He completed a Transitional internship and Diagnostic Radiology residency at Providence Hospital & Medical Centers, Southfield, MI from 2011-2016. From there, he completed a Vascular/Interventional Radiology fellowship and a Magnetic Resonance Imaging fellowship at Tufts University. Dr. Rajadhyaksha 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

John Schmidt, DO – Dr. Schmidt received his medical degree from William Carey University, Hattiesburg, MS in 2018. He is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392

Miri Shlomi, MD – Dr. Shlomi received her medical degree from Case Western Reserve University, Cleveland, OH in 2018. She is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

Diana Sitar, DO – Dr. Sitar received her medical degree from LECOM Bradenton, Bradenton, FL in 2018. She is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

George Soliman, MD – Dr Soliman received his medical degree from America University of the Caribbean School of Medicine, St. Maarten in 2013. He completed an Internal Medicine and Anesthesiology residency at a Mayo Clinic, Jacksonville, FL from 2013-2017. He also did a Pain Medicine fellowship at Emory University in Atlanta, GA. Dr. Soliman is in practice with Orthopedic Center of Florida, 12670 Creekside Lane, Ste. 2, Fort Myers, FL 33919. Tel: 239-482-2663 Fax: 239-482-7585. Board Certified: Anesthesiology

Tyler Spradling, DO – Dr. Spradling received his medical degree from Nova Southwestern University, Fort Lauderdale, FL in 2018. He is a Family Medicine resident through the Florida State University College of Medicine, Family Medicine Residency Program at Lee Health, 2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901. Tel: 239-343-3831 Fax: 239-343-2392.

David Yu , MD, PhD – Dr. Yu received his medical and PhD degree from Second Military Medical University, Shanghai, China where he also competed an orthopedic residency. He then went to Yale to do research, and completed an internship at Prince George's Hospital in MD. From there, he completed a Neurology residency at University of Florida followed by a Pain Management fellowship at Alabama Orthopedic Spine & Sports Medicine in Birmingham, AL. Dr. Yu joined Advanced Pain Management & Spine Specialists, 8255 College Pkwy. Fort Myers, FL 33919. Tel: 239-437-8000.

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

As I write this column summer is coming to an end and season is just around the corner. It will be busy in the office and at the hospital before you know it. Enjoy the lighter traffic and being able to walk into a restaurant while you still can. Hopefully you had time for vacation and relaxation with the family. Down time is important to your physical and mental well being. If you can, take a half day off from work each week during the summer. It will refresh and recharge you. I have incorporated this into my schedule. It's not only good for you but also for your staff. Physician burnout is on the rise and you deserve a break after a busy first half of the year. I had a wonderful vacation seeing my son and new daughter-in- law in Wisconsin. It was a welcome break from the heat.

There have been two high profile suicides highlighted in the news this past summer, Kate Spade and Anthony Bourdain. They both suffered severe mental illness unipolar depression for one and bipolar disease for the other. Nearly 45,000 Americans die from suicide per year in the US, more than both car accidents and opioid overdose. If intervention and treatment can be initiated then death by suicide can be averted. Such celebrity suicides often trigger a rise in overall suicide rates which are already 30% higher since 1999. For men aged 45-64 the increase is 43%. This was seen after Robin Williams tragic suicide a few years ago. There are unfortunately not enough mental health providers for the demand and insurance coverage is severely lacking for most Americans. As physicians, we should advocate for our patients petition the insurance industry to increase coverage for mental illness and help to remove the stigma associated with this disease.

If you had the chance to attend our last quarterly medical society meeting you would have heard an excellent talk by Dr. Andy Wong from Tallahassee on concussion protocols for high school student athletes. We have all heard the media coverage for the head injuries suffered by professional athletes. But the adolescent brain is even more susceptible to injury than an adult brain. He has revamped the entire program for all football and girls softball participants in Leon county. I did not know that woman softball players have a high incidence of concussion events. Every student athlete there undergoes a preseason assessment to determine their normal baseline function. If they are subsequently injured during the school year, they are not allowed to return until brain function returns to their normal baseline. They use the same assessment program that many pro football teams use. The cost per school for the computer based program is fairly reasonable. And would seem to be a great investment for the safety of our student athletes. They have also developed a five part treatment protocol to aid in recovery after injury and utilize a neuropsychologist trained at the University of Pittsburgh in brain injury management.

Finally we just returned from the FMA annual meeting in Orlando during the first weekend in August. Local Collier county physician, Corey Howard, MD was sworn in as our new FMA president. He has been a tireless advocate for physician rights in the state of Florida. This year he will be running for Vice Speaker of the AMA and heads the Florida delegation to the AMA. Organized medicine is alive and advocating for you. If you are interested in becoming a delegate for next years meeting and seeing first hand all that we do for you please let me know. You can make a difference and your voice can be heard.

Ramirez Report

By Julie Ramirez, Executive Director, Lee County Medical Society

At the end of July, I attended the national conference in San Diego, California for medical society executives, like myself. This conference is three days packed full of great concepts and new ideas for medical societies. The lecture that left the most impact on me, was keynote speaker Brad Shuck, from the University of Louisville, that talked about "Going Beyond the Surface of Engagement".

The first sentence in my notes is: "people need to know that they matter". They will be engaged when they feel valued and appreciated. When we feel like we count, it gives us purpose and meaning. When engaged, we give it our all. Statistics show the 85% of engaged employees give their best ideas. 93% say they go above and beyond. 90% are unlikely to leave their current job because they have meaning and a purpose.

The #1 thing that drives turnover—which we know costs us all time and money—is the lack of dignity, accountability and empathy. I personally know several people who are/were in situations where they have lost engagement with their jobs. Why the lack of engagement? It's not that they were not qualified or disliked the job they chose. It was the lack of dignity, accountability and empathy from their leaders. The management above lost sight of their employees as an asset. Management dysfunction sets in. The higher the frequency in dysfunction, such as ignoring opinions of others, breaking promises, negative comments, unmanageable workload, rudeness, micro-management, unfair blame, insults, and humiliation, the higher the trauma and non-engagement. Dysfunction projection upon the employee or volunteer brings high levels of burnout, loss of significant sleep, lower levels of wellbeing, trouble with physical functioning or having pain and reported lower levels of mental health. $6.8 billion is spent on wellness but there is a vicious dysfunctional cycle at play. We are not training on empathy.

What is the solution? Let's start with being kind and treating people as we would want to be treated. Elevate the moments that matter. Look beyond the now and don't dwell in the past. Find an anchor. And as my children's school keeps promoting, Sharpen the Saw (it's a Stephen Covey principle, meaning to preserve and enhance the greatest asset you have — yourself). And in my case where I've seen disengagement, if they won't change, you need to make a change and probably leave.

I share with you a picture from my conference trip to San Diego. After hours of travel time with tons of Ipad time, my children left their tablets behind and frolicked in the cool Pacific Ocean waters for the first time. They, at that moment, were 100% in the moment and fully engaged.

Florida Medical Association (FMA) Installs Corey Howard, M.D. as FMA's 142nd President

Tallahassee, Fla. – The Florida Medical Association (FMA) installed Corey L. Howard, M.D., FACP, as its 142nd President on Sunday, Aug. 5 during the 2018 FMA Annual Meeting at Loews Sapphire Falls Resort at Universal Orlando. Dr. Howard is the founder of Howard Health & Wellness, a private practice with a focus on lifestyle medicine in Naples, Florida.

"We congratulate Dr. Howard as he takes the helm as President of the Florida Medical Association," said FMA CEO Timothy J. Stapleton. "His strong leadership and demonstrated advocacy for our physicians, patients and issues will further strengthen the FMA as Florida's premier voice of medicine."

Dr. Howard has been an organized medicine leader at the county, state and national levels throughout his medical career. Prior to becoming FMA President-Elect in 2017, Dr. Howard had served as Speaker of the FMA House of Delegates since 2014, and as Vice Speaker from 2011 to 2014. He has been Chair of Florida's Delegation to the AMA since 2011, and he previously served as Vice Chair (2010-2011) and Secretary (2007-2010). Dr. Howard is also a Past President of the Collier County Medical Society.

He earned his medical degree from the University of S. Florida Morsani College of Medicine in Tampa, where he also completed his residency in internal medicine and a fellowship in Gastroenterology.

Sanibel Sea School Launches Fundraiser for a Safer Community

By Leah Biery, Director of Communications, Sanibel Sea School

Sanibel Sea School is a nonprofit whose mission is to improve the ocean's future, one person at a time. They hope that the meaningful, educational ocean experiences they provide will inspire individuals to practice good ocean stewardship. Safety is a priority during programs, and the organization recently launched a fund-raising campaign to purchase automated external defibrillators (AEDs) for each of their vehicles and boats. AEDs are an essential piece of life saving equipment, used to treat victims of sudden cardiac arrest.

"Our educators are trained as emergency first responders," said Sanibel Sea School's Development Director, Chrissy Basturk. "They spend many days exploring the island, and they have a wide presence in public areas. They want to make Sanibel safer by having AEDs available if needed," she added. Each vehicle and boat would be marked to let the public know that a machine is available on board.

Ms. Basturk explained that educator Emmett Horvath first approached her with the idea. Horvath felt strongly that staff should have access to a full range of life saving tools. "Safety is our number one priority, and we take it very seriously. Our training is much less effective without the proper equipment," Horvath said.

According to Tim Barrett,Training Captain at the Sanibel Fire Department, sudden cardiac arrest is a leading cause of death in the United States. More than 350,000 cases occur outside of the hospital each year, and only 12 percent of victims survive. A fast response is key. "It is important for organizations to implement AED programs so employees are prepared to respond to a cardiac emergency," said Barrett.

"We hope we will never need to use an AED to treat a client or a citizen, but we also realize that it could mean the difference between life and death. This project is really about supporting our community," said Horvath.

Sanibel Sea School has created a fundraising page on Mightycause.com, and donations can be made with just a few clicks. To learn more and contribute, visit mightycause.com/story/a safer Sanibel

21ST CENTURY C.A.R.E.

By PAT NOE, RHIA, CTR, MA

A Foundation for Cancer Assistance

Research & Education

Fighting cancer together with 21st Century Oncology,

one patient at a time. We are here for you – Never feel alone

JOIN US Every Thursday morning from 10 am to 11:30 am

21 at Century C.A.R.E. Cancer Support Group

People learn that they are not alone in dealing with cancer which can be empowering. Talking to others who have been, or are going through a similar experience, can help by giving insight on how to best manage the disease.

People diagnosed with cancer experience many challenges that can leave them feeling hopeless, alone & scared. It can be difficult to talk to loved ones about these thoughts and feelings. A support group can help by providing a safe, confidential atmosphere where people can meet and talk about ways to cope with their illness.

Our group is open to anyone affected by cancer. People with any type of cancer and their caregivers are invited to attend, share emotional support, and discuss practical matters such as dealing with side effects of cancer and returning to work after treatment.

Our meetings are led by a Master's level counselor with more than 20 years of experience facilitating cancer support groups.

Please join us every Thursday morning from 10 am to 11:30 am at Villar Civic Association Building, 2306 Sunrise Blvd., Fort Myers, FL 33907.

We hope to see you!

Facilitator Pat Noe, RHIA, CTR, MA (239) 938-9303

www.21st CenturyCare.org

Lee County Coalition for a Drug Free-Southwest Florida

By Pam Peters, Busey Bank

The Mission of the Coalition for A Drug Free Southwest Florida, founded in 1989 by Jim Nathan and other community leaders, is to "reduce substance abuse in Lee County (and all of Southwest Florida) by raising awareness of prevention resources through collaboration, education, and inspiration." The Coalition does not provide direct treatment or services, but serves as a liaison to link members of the community with substance abuse prevention and treatment resources.

For 25 years, the Coalition has produced the 3 day Drug House Odyssey, attended by an average of 1,400 5th graders from Lee County schools. Many segments of the community have to come together in order to produce the scenes that comprise the Drug House Odyssey which follows the story of teens who choose to drink and drive. The subsequent scenes include a traffic stop, with a sobriety test and a subsequent DUI "arrest" by uniformed officers, followed by a courtroom scene where the youngsters discover what a felony arrest will mean to their future. The final scenes encompass a "crash site" with a Lee County ambulance and an actual "wrecked car", with a subsequent emergency room scene which is assembled and staffed by volunteers from Lee Health. Teachers are provided with materials to begin a discussion with their classes before attending the event, with follow up materials to "debrief" the students afterward. During the family night event, various providers are available to distribute literature and information about prevention and treatment.

Other Coalition activities include:

- #REFUSE, twitter campaign, promoted with several Carter Billboards in Lee County, and through the SADD clubs at various events, including a "break the internet" opportunity at several local football games.
- Gather Data on Binge Drinking during Spring Break Week on Ft Myers Beach; results show it takes 20 minutes for the students, primarily 16 years of age, to obtain whatever they wish to use
- Red Ribbon Awards Ceremony in October to recognize high school students who are nominated by their teachers for "doing the right thing" under a program started by Al Oerter an Olympic athlete.
- PSA's, including "Talk 15" (talk to your kids about drugs & alcohol) & a new PSA on Vaping
- N.O.P.E. Walk in October to commemorate those who have died from opiate/heroin overdose.
- Continuing to provide a monthly prevention Program for existing SADD clubs (Students Against Destructive Decisions), and to continue to expand the SADD clubs by affiliating with schools, Big Brothers/ Big Sisters, and other community organizations. At present, there is an active SADD club affiliated with the Cape Coral High School; a new SADD club affiliated with Big Brothers/ Big Sisters groups in Lehigh, and a proposed SADD club for Bonita. There may be an opportunity to start a new SADD club in Dunbar, but nothing definite as yet.

Five years ago, the Coalition Board decided that it was important to develop alternative funding sources to supplement the grants that have been available in the past. The Run For Prevention has become an annual 5K event with a course that takes runners "over the bridge" from Centennial Park in downtown Fort Myers. The event is held on the first Saturday of October, beginning at 6 PM. It is chipped and timed, with prizes awarded for the best runners in various categories. Teams can also be set up through the registration site, accessed through runsignup.com. Please visit the Coalition Website at www.drugfreeswfl.org for more information.

Run for Prevention
Family 5k
Family 5k Run for Prevention

October 6, 2018
Centennial Park in the River District
Fort Myers
5k at 6 p.m.
Presented by Alufab USA
To Register: visit: runsignup.com

Lee County COALITION FOR A DRUG-FREE Southwest Florida

Busey

A Case for Solution-focused Therapy

By Cori Calkins, PsyD , P.A. Co-owner, Associates in Family Psychology PLLC

In 2018, most health care providers emphasize the importance of psychology in the healing of their patients, and many have become just as attuned to the need for a psychology consult as the need for lab work or x-rays. The body and the mind are interdependent. Thus, physicians are in a unique position to witness that when a person's physical health is at risk often their mental health is vulnerable as well. From this perspective, many doctors see psychologists as needed only in the most serious of circumstances. Yet, can a psychologist help in more minor situations or in preventative care? Absolutely.

Let's consider the physician who has the knowledge, training and skill to initiate exploratory surgery to identify the source of a physical symptom, yet, after considering the factors involved and severity of symptoms, may not recommend this course of action at all, but instead suggests a less invasive treatment. Psychologists are similarly trained to explore and understand the processes that contribute to symptoms affecting a person's mental well-being. However, a psychologist's doctoral clinical and ethics training is also designed to prepare them for collaborating with a client to identify goals and to understand when intensive psychotherapy is not necessary to improve life satisfaction. Instead, a brief, focused approach is what is desired and useful for many people.

Solution-focused therapy is a brief psychotherapy, not dissimilar from the currently popular concept of life-coaching. In solution-focused therapy a psychologist and client use a collegial approach focusing predominantly in the present and future, discussing history only to the degree necessary for a clear understanding of a client's concerns. Examples of goals appropriate for this therapy include improving stress management, organizational skills, communication skills, assertiveness, productivity, professional and career enhancement, life satisfaction, and habit-breaking. This work focuses on client strengths, thoughts and actions, identifying patterns they wish to change, and overcoming obstacles to goal achievement.

While psychologists can certainly provide this type of solution-focused "coaching" therapy, in contrast to the presently unregulated field of life-coaching, psychologists also are trained to do more in-depth work when indicated and are guided by the ethics of our training and licensing board. This is true in our Fort Myers practice, Associates in Family Psychology, where my partners, Drs. Shari Chrovian and Amy Mulholland and I, along with our psychologist team, Drs. Ana Leticia Lopes, Eric Howard, Michael Ghali and Joseph Coppolo, are available to discuss what might be helpful for optimizing your effectiveness as a physician and your overall life satisfaction. If you are interested in learning more about this opportunity made available to you via the Physician Wellness Program offered to members of the Lee County Medical Society, call your participating psychologists' office and discuss with their office manager the type of approach you are looking for.

Need help with life's difficulties?

Please visit our website at:

www.lcmsfl.org

Lee County Medical Society Physician Wellness Program has the following participants. As a member, you may reach out to either group.

Associates in Family Psychology
13430 Parker Commons Blvd. #101
Fort Myers, FL 33912
Hours: Open: 8:30 am - 9:00 pm
Phone: (239) 561-9955
Website: https://fampsych.com/index.html

The Center for Psychology
12499 Brantley Commons Court, Ste 101
Fort Myers, FL 33907
Hours: Open 8:00 am - 8:00 pm
Direct private line: 239-208-3984
Website: http://www.ctrpsych.com/

Florida's New E-FORCSE Consultation Requirement: Q & A

By Florida Medical Association

The FMA General Counsel's office has received numerous calls and emails regarding the new requirement in HB 21 to check the E-FORCSE database prior to prescribing a controlled substance. This requirement, which became effective on July 1, 2018, requires that "a prescriber or dispenser or a designee of a prescriber or dispenser must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient age 16 or older." This requirement does not apply when prescribing or dispensing a Schedule V non-opioid.

As noted in the FMA's initial summary of HB 21, this new provision leaves many questions unanswered. In order to provide guidance to our members who have questions regarding the application of the law to their specific situations, the FMA set up a call with Department of Health representatives. The Department's responses to questions posed by the FMA are represented below in a Q&A format.

Refills And Multiple Prescriptions100

Q: If I prescribe a 30-day supply of a controlled substance with 2 refills, do I have to check the E-FORCSE database prior to issuing the prescription AND prior to each refill being dispensed?

A: No, you only have to check the database prior to issuing the prescription. You do not have to check the database prior to each refill.

Q: If I give a patient three prescriptions, one to be filled immediately, the other two not to be filled until a date in the future, do I have to check the E-FORCSE database only once, prior to the three prescriptions being issued, or do I have to check the database again right before the date the other two prescriptions are to be filled?

A: You are only required to check the database prior to issuing the three prescriptions. You do not have to check again on or before the fill dates indicated for the other two prescriptions. The date of issuance on the three prescriptions must be the same – the date they were given to the patient.

Nursing Homes

Q: If I order a controlled substance to be administered to a patient in a skilled nursing facility, do I have to check the E-FORCSE database prior to ordering?

A: The Department has issued a preliminary rule, not yet in effect, that defines an "order" as a "written, transmitted or oral direction from a prescriber for a controlled substance to be administered to a patient in an inpatient setting." The preliminary rule provides that you must consult the E-FORCSE database when a controlled substance is "prescribed or dispensed, but not ordered." We hope this rule will be fleshed out to make it clear that an "inpatient setting" is not limited to hospitals, but also includes any setting in a licensed health care facility where the patient will be administered the controlled substance while in the facility. Until the rule is finalized and approved, the answer to this question is unclear. The FMA advises physicians who prescribe controlled substances to patients in skilled nursing facilities to consult the database prior to prescribing or ordering a controlled substance until this issue is clarified.

Medical Record Keeping

Q: Do I have to document in the patient's medical records that I reviewed the patient's controlled substance dispensing history in the E-FORCSE database prior to prescribing a controlled substance?

A: HB 21 does not require the checking of the database to be noted in the patient's medical records. The FMA, however, advises physicians to document in the records for each patient prescribed a controlled substance that the database was checked, and include pertinent findings. If the physician is unable to check the database because it is not operational or there is temporary technological or electrical failure, the physician can only prescribe up to a 3-day supply of a controlled substance but must document in the medical records the reason he/she did not consult the database.

The E-FORCSE database will retain a record of each time the database is accessed and by whom, which will remain available indefinitely.

Q: Can I print out a copy of the E-FORCSE database report and include it in the patient's medical records?

A: The law does not prohibit the printing of the report or including the report in the patient's medical records. According to the Department, you may not give a copy of the report to the patient or a third party. Therefore, if you do include the report in the medical records, you will need to redact the report before providing a copy of the records to anyone or to any entity. Further, the report can only be viewed by the prescribing physician and the physician's designee.

Q: Should I refrain from talking to the patient about the information contained in the E-FORCSE database report? Or including any information in the report in the patient's medical records?

A: According to the Department, you can discuss the contents of the report with the patient, and include pertinent information in the report in the patient's medical records. You just cannot provide the patient with a copy of the report. A patient who wants a copy of the report can obtain it from the E-FORCSE program manager by submitting a written, notarized request.

Q: If my electronic health record system is integrated with the E-FORCSE database, does the database report automatically become a part of the electronic health record?

A: According to the Department, it does, and you will need to ensure that you lock this information so that it is only able to be seen by the physician or his/her designee.

Query Timeframe

Q: Can I have my designee check the E-FORCSE database for all of the patients I will be seeing in a particular day the day prior to seeing them? How about a week in advance?

A: HB 21 does not impose any timeframes in which the E-FORCSE database must be checked in regard to a particular patient, other than to say that the database must be checked "before" prescribing or dispensing a controlled substance to a patient. According to the Department, the timeframe in which the database must be reviewed is up to the discretion of the prescribing physician, with the only guideline being that such timeframe must be reasonable. Pharmacies

Q: Does HB 21 require a pharmacist to ensure that the prescribing physician has reviewed the E-FORCSE database before dispensing a controlled substance?

A: No.

Miscellaneous

Q: If a resident physician without a DEA number prescribes a controlled substance to a patient in a hospital under the DEA license of the attending physician, do both the resident and the attending physician have to review the E-FORCSE database prior to issuing the prescription?

A: According to the Department, whoever is listed on the prescription is the person responsible for reviewing the E-FORCSE database. Therefore, in this situation, the attending physician is the person responsible for ensuring that the E-FORCSE database is checked prior to prescribing the controlled substance. The resident, however, could register with E-FORCSE as the attending physician's designee, and conduct the database review.

Q: vIs there a smartphone app available for accessing the E-FORCSE database?

A: Not yet, but the Department is working on it and hopes to have one available by the beginning of August.

Q: How do I set up my medical assistants and physician assistants as designees authorized to review the E-FORCSE database?

A: Designees must register with their own unique email address and password. To register follow the process in the panel to the right.

Registration Process

1. To request a new account in PMP AWARxE, open an Internet browser window and navigate to: https://florida.pmpaware.net. If a password reset is needed, use the Reset Password link.
2. Click the Create Account link. The next screen requires the user to enter a valid email address and select a password. The password must be entered a second time for validation. Note: the password must contain 10 characters, including 1 capital letter and 1 special character (such as !,@,#,$). Click Save and Continue.
3. Click on the +Healthcare Professional User Role as either a Prescriber Delegate- Unlicensed for the MAs and Prescriber Delegates- Licensed for the PAs without DEA registration numbers. Click Save and Continue.
4. Enter the following personal, employer and delegate (designee) information. Note: Required fields are indicated with a red asterisk. » Personal Information: name, date of birth, last 4 digits of social security number, and primary contact phone. » Employer Information: name, location and address, and phone. » Delegate (Designee) Information: All designees must enter the email address(es) of their supervisor(s). » Once complete, click Submit Your Registration.
5. Once your registration is approved, you will be notified via email. Please add no-reply-pmpaware@globalnotifications.com to your email address book to ensure that you receive system-generated emails.
6. Registration is complete. Supervisors with designees must authorize their access. The Supervisor may navigate to Menu > Dashboard > Delegate and click on the delegate name to approve

As I Recall

By Roger Scott, M.D. (Previously Published February 1998)

"1958 - 1998"

Happy New Year!! It seems like only yesterday, and yet, on the other hand, it seems an eternity (actually 14,610 days 2,080 weeks, 480 Months, of 40 years) since July 1, 1958, when I opened my practice in Ft. Myers. There was a world of difference in the medical practice and in the community compared to today. Even having lived through the vast changes, they don't seem possible.

As a native Floridian, I knew I wanted to practice somewhere south of Orlando (way prior to Disney World and massive Orlando growth) and after visiting many cities, Ft. Myers seemed the most likely spot to locate a surgical practice. The east coast of Florida was most familiar to me but was already in massive growth stages and crowded in all surgical fields for the population present. Ft. Myers was just beginning to grow medically with about six relative new doctors in town. The old guard physicians had the reputation around the state for literally chasing all new-comer doctors out of town, and everyone around the state advised me that it was crazy to try to go to Ft. Myers. Fortunately, Clarence Zimmerman (an old dentist and family friend) offered me at least introductions, etc. in Ft. Myers. The local medical group was not totally hostile, and a number of members were kind to me when I visited them and discussed coming to Ft. Myers. Only a few told me that I would not be able to make it and that I would probably be leaving town within a year.

The policy here for opening a practice was that one had to move to this area, be physically present, open an office and begin practice before being able to even apply to the hospital (Lee Memorial and Jones Walker) for privileges. This was strictly enforced. A small announcement (about 2x4 inches) was then placed in the Ft. Myers News-Press for 7 days and 7 days only. That was the only time one ever advertised and no physician ever advertised over the years. The hospital board met every three months to consider applications. I had been warned never to go near the hospital until given privileges. I was allowed to hand-carry my application into the hospital, but from that time until accepted on the staff, I never came any closer than driving by the hospital. It was felt that one would be "pushy" if he did not have hospital privileges and was seen in the hospital. It was really an anxious time for me not knowing anyone in Ft. Myers and to invest in the future in such a heavy manner! At that time, surgery was all done by all of the members of the medical staff and primarily performed by family doctors. Joseph K. Isley, Jr. (Radiologist) and Clifford E. Vinson (Urologist) applied soon after me, and we became the "Class of 1958".

There was a minimum of office space available, only Richard's Building on Hendry Street (old building) having several doctors offices in it but none available to me. The Medical Arts Building was a new small office complex on the corner of Virginia and McGregor, and the one board-trained surgeon in town (Jim Bradley) had his office in that building and did not want another surgeon in the building. There was really no other building except the Cresent Building which was an old school building on the corner of Royal Palm and Second that had been converted into different offices. It was fortunate for me that Jack Warnock (Orthopedist) needed one more year to complete his residency and rented me his practice and office in this building for the last year of his training. This did get me started very nicely and covering the ER for those who did not wish to be on call for surgery was also helpful.

The hospital supplied an office for its employed Pathologist (Newt Larkum), the Radiologist (Joe Isley) and the Nurse anesthetists (no Anesthesiologist).

Most patients did not have health insurance as this was the early days of private health insurance. No one knew what managed care, HMO, PPO, etc. were. Workers Compensation was present. Most patients were self-pay, and there were a number of patients in this area who were not financially responsible Can you believe it's 1998!!!!

"TIMES HAVE CHANGED" February 1998: 1958-1998" Part II

Yes, I was gay and used coke and pots. It was 1958 and being gay meant cheerful, lighthearted, merry, happy rather than the 1990's connotation. Coke referred to Coca-Cola and pots referred to cooking pots, chamber pots and other such utensils rather than the weed. My, how times and some definitions change.

This was a time when there were no answering services, no answering machines, no pagers, no cellular phones, no touch-tone phones, no call waiting or call forwarding or any of the features that we now find available for our convenience. When one called someone on the telephone, whether it be the telephone company, a business, or home, there was a live response or no answer. Physicians listed their home and office numbers in the small telephone book which was approximately the size of a Readers Digest in width and height but only about half as thick. The four telephone exchanges were: EDison for the Fort Myers area, OXford was East Fort Myers, WYandotte was North Fort Myers, and MOhawk was Fort Myers Beach. There

was no Cape Coral, and I can't remember the exchange for Lehigh Acres (long distance call). Ultimately, a telephone answering service was opened by Frank Nardone who ran the service from his home. The way that he was able to receive your call was that you put in the phonebook "if no answer, call his number." When one would call his answering service, crying children or barking dogs were often heard in the background. He ultimately developed a larger and more professional answering service which was our first true answering service. Long distance calls had to be made through an operator rather than direct dialing, and overseas calls had to go on under-sea cable and very often one would have to wait several hours to get a line. All telephone communications were by line rather than by microwave or satellite, as the majority of telephones are at this time.

Mobil telephones were available for automobiles but were extremely expensive to install, rent, and use. I don't think any of the physicians in the area had car phones; however, Clifford Vinson, Harvey Funeral Home and I had a mobile radio network.

Pagers did not come out until some years later, and they had only a tone page without numbers or messages. Initially, it was sort of funny watching people respond when we would be in a crowd, and a beep would go off, and people had no idea what was going on. I carried two, one for home and one for business.

Gradually pagers became more widespread, being carried by many elements of the population. Pagers then evolved to a digital pager or a voice pager. It was always annoying to have someone in a room with a voice pager with an operator coming on in a loud voice. Inever used a voice pager, and I'm glad we don't hear the voice pagers much anymore. The alphanumeric pagers with messages, stock markets, weather, etc. of course are all in the recent years.

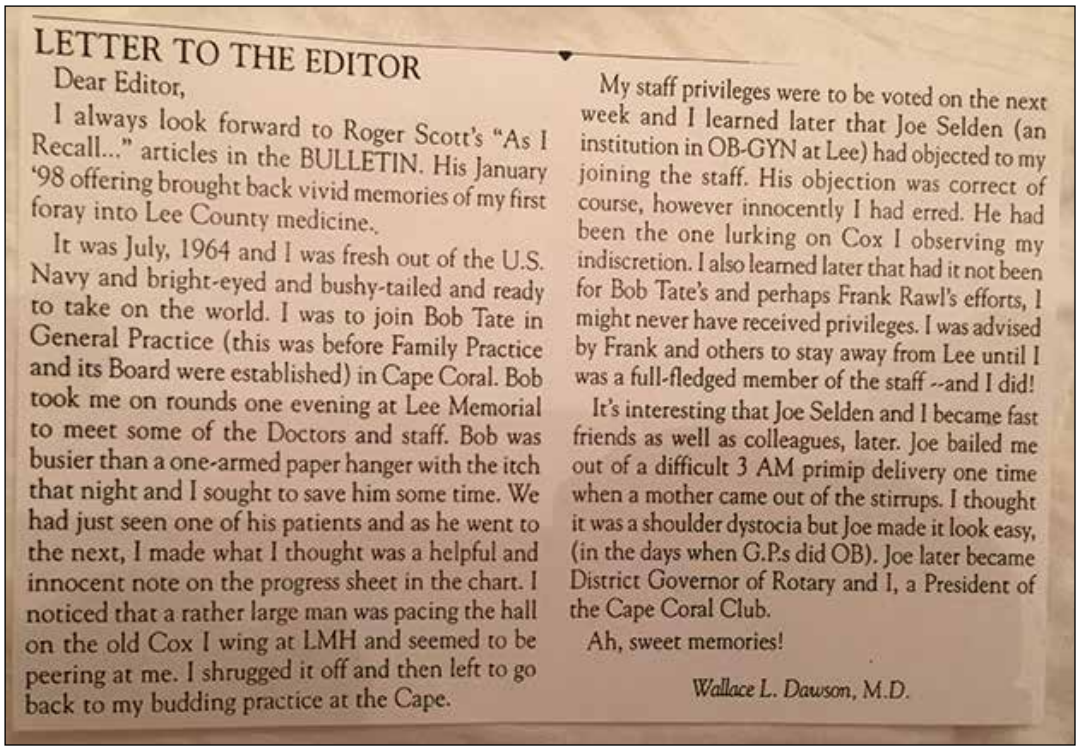
Most cars and most homes were not air conditioned. Many businesses were still not air-conditioned.

There was no country water system, and if one lived in the country well water was utilized. County sewerage was not available, and only septic tanks or outhouses were used. Many houses along the river still dumped raw sewerage into the Caloosahatchee. City water and sewage were mostly available. Some areas of the county did not have electricity.

The Medical Society as a medical group was certainly small, and we pretty much knew each other quite well. We knew office locations, office hours, days the doctor was off, knew the personnel in the office, and knew the doctor's families (and in some instances their girlfriends.)

As there was only one hospital, (actually two with Jones Walker), we would see each other almost daily, as all of the physicians had hospital privileges and admitted patients to the hospital.

Most physicians wore suits, many with vests. No radical colors, only darker suits, white shirts, and quiet neckties. Many of the physicians used pocket watches rather than wrist watches. Pants were universally made with a pocket for carrying a "pocket watch." Levi continues to make their jeans with watch pockets, but I don't think any others do.



LETTER TO THE EDITOR

Dear Editor,

I always look forward to Roger Scott's "As I Recall..." articles in the BULLETIN. His January '98 offering brought back vivid memories of my first foray into Lee County medicine.

It was July, 1964 and I was fresh out of the U.S. Navy and bright-eyed and bushy-tailed and ready to take on the world. I was to join Bob Tate in General Practice (this was before Family Practice and its Board were established) in Cape Coral. Bob took me on rounds one evening at Lee Memorial to meet some of the Doctors and staff. Bob was busier than a one-armed paper hanger with the itch that night and I sought to save him some time. We had just seen one of his patients and as he went to the next, I made what I thought was a helpful and innocent note on the progress sheet in the chart. I noticed that a rather large man was pacing the hall on the old Cox I wing at LMH and seemed to be peering at me. I shrugged it off and then left to go back to my budding practice at the Cape.

My staff privileges were to be voted on the next week and I learned later that Joe Selden (an institution in OB-GYN at Lee) had objected to my joining the staff. His objection was correct of course, however innocently I had erred. He had been the one lurking on Cox I observing my indiscretion. I also learned later that had it not been for Bob Tate's and perhaps Frank Rawl's efforts, I might never have received privileges. I was advised by Frank and others to stay away from Lee until I was a full-fledged member of the staff --and I did!

It's interesting that Joe Selden and I became fast friends as well as colleagues, later. Joe bailed me out of a difficult 3 AM primip delivery one time when a mother came out of the stirrups. I thought it was a shoulder dystocia but Joe made it look easy, (in the days when G.P.s did OB). Joe later became District Governor of Rotary and I, a President of the Cape Coral Club.

Ah, sweet memories!

Wallace L. Dawson, M.D.

2018 Florida Medical Association Delegation to Annual Meeting

LCMS FMA Delegation Dinner at Cowfish Sushi Burger Bar Orlando FL

FMA Annual Meeting 2018 House of Delegates in Session

LCMS FMA Delegation at work in the House of Delegates

LCMS FMA Delegation

Left to right:
F. Rick Palmon, MD;
Jon Burdzy, MD;
Richard Macchiaroli, MD;
Stefanie Colavito, MD;
Stu Bobman, MD;
Michael Katin, MD;
Peggy Mouracade, MD;
Daniel de la Torre, MD and
Stephen Hannan, MD

Not Pictured:
Scott Caesar, MD;
Elizabeth Cosmai, MD;
Tracy Vo, DO;
Andres Laufer, MD

FSU / Lee Health Family Medical Residency Program
Welcome Reception

Introducing the new Class of FSU/ LH Resident Physicians

Left to Right:
Gary Goforth, MD
Miri Shlomi,MD
Tatianna Pizzutto, MD
Kathleen Dixon, MD
Jerry Lanza, MD
Tyler Spradling, MD
Diana Sitar, DO
Not pictured:
John Schmidt, DO.

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

July 21, 2018
FSU / LH
Residency Reception

5 Reasons You Should Put Physicians in Charge of Hospitals

By Edward R. Mariano, MD

Putting physicians in charge of hospitals seems like a no-brainer, but it isn't what usually happens. A study published in Academic Medicine states that only about four percent of hospitals in the United States are run by physician leaders, which represents a steep decline from 35 percent in 1935. In the most recent 2018 Becker's Hospital Review "100 Great Leaders in Healthcare," only 29 are physicians.

The stats don't lie, however. Health care systems run by physicians do better. When comparing quality metrics, physician-run hospitals outperform non-physician-run hospitals by 25 percent. In the 2017-18 U.S. News & World Report Best Hospitals Honor Roll, the top four hospitals (Mayo Clinic, Cleveland Clinic, Johns Hopkins Hospital and Massachusetts General Hospital) have physician leaders. Similar findings have been reported in other countries as well.

While not all physicians make good leaders, those that do really stand out. For those physicians who may consider applying for hospital leadership positions, specific characteristics should distinguish them from non-physician applicants and help them make the transition successfully. Of course, this is my opinion, but I think it comes down to these five things:

1. Physicians are bound by an oath. The Hippocratic Oath, in some form, is recited by every medical school graduate around the world. This oath emphasizes that medicine is a calling and not just a job: "May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help." Physicians commit themselves to the treatment of disease and the health of human beings. There is no similar oath for non-physician health care executives.
2. Physicians know how to make tough decisions. This is crucial to every informed consent process. Physicians need to curate available evidence, weigh risks and benefits, and share their recommendations with patients and families in situations that can literally be life or death. This is essential to the art of medicine. Effectively translating technical jargon into language that lay people can understand allows others to participate in the decision-making process. This applies both to the bedside and the boardroom.
3. Physicians are trained improvement experts. They learn the diagnostic and treatment cycle which requires listening to patients (also known as taking a history), evaluating test results, considering all possible relevant diagnoses and instituting an initial treatment plan. As new results emerge and the clinical course evolves, the diagnosis and treatment plan are refined. In my medical specialty of anesthesiology, this cycle occurs rapidly and often many times during a complex operation. These skills translate well to diagnosing and treating sick health care systems.
4. Physicians are lifelong learners. When laparoscopic surgical techniques emerged, surgeons already in practice had to find ways to learn them or be left behind. Medicine is always changing. To maintain medical licensure, physicians must commit many hours of continuing medical education every year. New research articles in every field of medicine are published every day. For these reasons, physicians cannot hold onto "the way it has always been done," and this attitude serves them well in health care leadership.
5. Physicians work their way up. Every physician leader started as an intern, the lowest rung of the medical training ladder. Interns rotate on different services within their specialty, working in a team with higher-ranked residents under the supervision of an attending physician. As physicians progress in training through their years of residency, they get to know more and more hospital staff in other disciplines and take on more patient care responsibility. A fundamental lesson learned during residency is that the best ideas can come from anyone; occasionally the intern comes up with the right diagnosis when more senior team members cannot.

While these qualities are necessary, they are not sufficient. To be effective health care leaders, physicians need to develop their administrative skills in personnel management, team building, and strategic planning. They will have to learn to understand and manage hospital finances, meet regulatory requirements and performance metrics and find ways to support and drive innovation. For physicians who have already completed their medical training, a commitment to effective healthcare leadership will require as much time and dedication as their medical studies. However, if they don't do this, there are plenty of non-physicians who will.

Edward R. Mariano is an anesthesiologist. He can be reached on his self-titled site, Edward R. Mariano, M.D. and on Twitter @ EMARIANOMD.

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LCMS Friends in Medicine

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hello, september

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