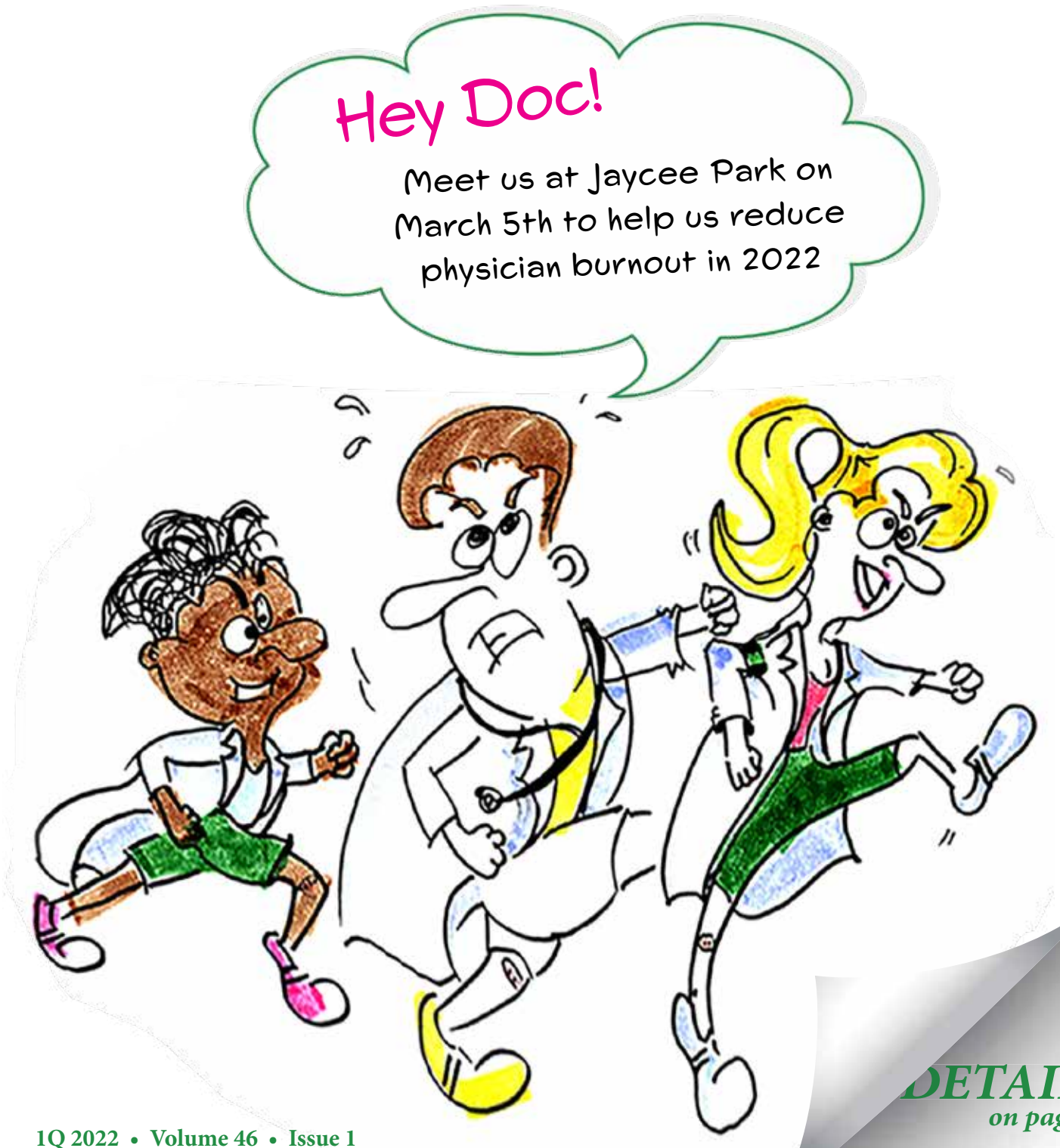
Lee County Medical Society

Bulletin

Physicians Caring for Our Community



DETAILS on page 11

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LEE COUNTY MEDICAL SOCIETY INC.

BULLETIN

Lee County Medical Society is a Virtual Operation
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The Lee County Medical Society *Bulletin*
is published quarterly.

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Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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CALL FOR NEW PHOTOS...PICTORIAL DIRECTORY

Put your best face forward! Submit new headshots for use in the **2022 Pictorial Directory** before April 30th to valerie@lcmsfl.org.

CALENDAR OF EVENTS

MAR 5th
8:00am

4th Annual LCMS Foundation 5k Fun Run & 2k Walk
Jaycee Park
4125 SE 20th Place, Cape Coral, FL

MAR 11th
6:00pm

LCMS Cocktail Hour
Collins Vision
6900 International Center Blvd., Fort Myers, FL

MAR 17th
7:00pm

LCMS Member Meeting
Dr. Douglas Brust, an infectious disease specialist, will give a CME presentation on Syphilis.
Crowne Plaza at Bell Tower Shops
13051 Bell Tower Dr., Fort Myers, FL

APR 2nd
7:00pm

10th Annual Medical Service Awards
Lexington Country Club
16257 Willowcreek Way, Fort Myers, FL
Networking, dinner & awards.
See page 4 for details.

APR 14th
4:30pm - 6:00pm

LCMS Foundation Fundraiser
Everyone is invited to shop Chico's Company Store
6120 Idlewild Street, Fort Myers, FL
The Company Store carries an assortment of clothing and accessory samples from each of their brands.

RVSP to LCMS events at www.lcmsfl.org

LCMS 2022 BOARD OF DIRECTORS

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Stuart Bobman, MD **Julie Ramirez, CAE** **Shane Geffe, MD**

MEMBER NEWS

CORRECTION

We apologize for an error that occurred in the November/December 2021 LCMS *Bulletin*: The correct fax number for **Jian Kent Zhao, MD** is **239-481-1481.**

NEW MERGER

Effective January 10, 2022, **Dr. Peter Schreiber** and Associates In Medical Rehabilitation merged with Millennium Physician Group (MPG). The new fax number is (239) 291-3608. The phone number will remain the same (239) 437-9313.

IN MEMORIAM

It is with profound sorrow that we announce the death of these beloved Lee County Medical Society members and local physician leaders:

Member 1983-2015 **Deogracias L. Caangay, MD**

Former Lee Health Board Member **Sanford Cohen, MD**

1976 LCMS President & Lifetime Member since 1968
Francis L. Howington, MD

Member 1983-2015 **Sergio R. Mather, MD**

Please alert the Society of any member deaths so we can honor their lives and contributions to the medical community properly.

A NEW YEAR BRINGS A POSITIVE OUTLOOK

PRESIDENT'S MESSAGE: Tracy Vo, DO

This year I wish to highlight the needs within our profession, particularly physician well-being. Now more than ever it is vital that we care for each other and stay alert to the warning signs of burnout. The state of medicine continues to be more and more complex in addition to the stresses associated with COVID which make it difficult to maintain a healthy work/life/family balance. As we move forward from the last two years as health care providers through good and challenging times it will require patience and tolerance.

Our goal for the new year is to work on maintaining excellent, quality care for our patients. We should all plan on focusing more on our own mental health to ensure we are at our best. It is in times like these that our fellow physicians and our patients need our support, talents and knowledge which adds pressure to an already demanding career. As physicians, it will take concerted effort on our part to maintain a healthy outlook. We all deserve attention and good care for ourselves as well as our patients.

A calming and pleasant work environment is a good start. It begins with the leaders of every medical office. We as physicians must set a good example for our staff. We must maintain a sense of control and organization to help staff provide a smooth and efficient office.

Patient perception is an amazing thing. They can sense our stress. Stressful behavior in the form of disrespect and demeaning actions towards others might incite escalating stressful reactions from our patients. I encourage our colleagues to take advantage of the Society's Physician Wellness Program. It provides free and confidential counseling to handle stress on a daily basis. If we are calm and at peace from within, we can influence the same of others around us.

I hope a few words of encouragement will help everyone to have a more positive outlook. We all must be in this for the long haul to practice the art of healing. We must work on sustaining a healthy physical and mental state to continue caring for all our patients and our families.

PHYSICIAN
MEDICAL SERVICE
AWARDS

NEW DATE & LOCATION!
SATURDAY, APRIL 2, 2022
7:00pm - 9:30pm
Lexington Country Club
16257 Willowcreek Way • Fort Myers
Tickets on sale NOW!

The **Lee County Medical Society Foundation** is proud to host the 10th Annual Medical Service Awards. This popular public service dinner event honors both physicians and residents of Lee County by recognizing outstanding contributions to healthcare in our community. Proceeds benefit the Physician Wellness Program. Awards presented will include:

- **Non-Physician Award of Appreciation**
- **Distinguished Layperson's Service Award**
- **Award for Citizenship & Community Service**
- **Award for Health Education**
- **Award for Leadership & Professionalism**
- **Lifetime Achievement Award**

Members and Allied Business and Community Partners are encouraged to support this special event. Sponsor levels include many benefits to help you reach a target audience and start at:

Platinum Level Sponsorship ($10,000)
Gold Level Sponsorship ($5,000)
Silver Level Sponsorship ($3,000)
Table Sponsorship ($1,500)
Auction Item Donation

Full details and event updates, plus downloadable nomination and sponsorship forms and ticket information can be found at www.lcmsfl.org/Physician-Medical-Service-Awards

HONORING THOSE WHO CHANGE YOUR LIFE

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director

Have you ever had a person in your life that changed the direction of your life? I've had two that dramatically changed my vocational future – LCMS Past President Dr. Francis L. Howington, and my dad, Allan Clark. In the fall of 2014, I was working as a Health and Wellness Director in North Fort Myers. Dr. Lee Howington was one of my volunteer physicians. As you can recall, Dr. Howington was a staunch supporter of the Lee County Medical Society and its President in 1976.

Dr. H and I had worked together helping uninsured and underinsured patients, mostly women, obtain preventative care visits. I would assist him with pap smears, patient intake and history and also do all the administrative and grant work to keep the clinic growing and functional. One day, Dr. H approached me and said his long-time friend and the current Executive Director of the Medical Society, Ann Wilke, was retiring after 40 years. He told me that I should apply. I didn't take him seriously at first. The next week he came to me again and encouraged me to apply and talked to me about what luck was.

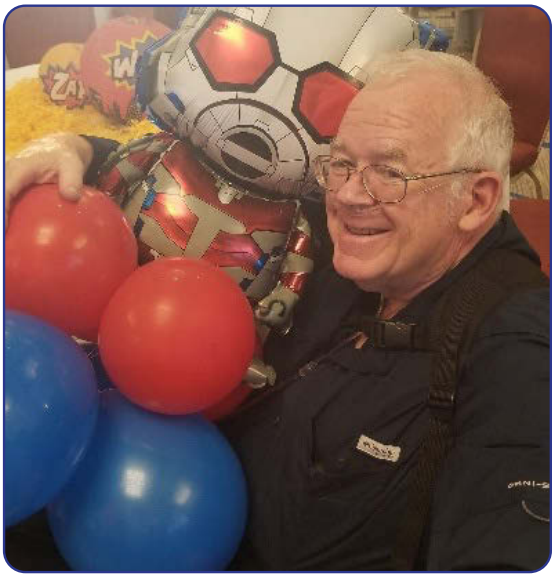
Luck wasn't luck as most people think it is, but rather hard work and the wisdom to see opportunities and not let them pass by.

While Dr. H was encouraging me, he didn't know my dad, Al, was also encouraging me to apply for the job. I had reservations because I was still in my 30s and thought the job to be such a prestigious position that I was not deserving of such an honor. My dad was the one who drove down with me and helped me settle into my first job out of college at a car dealership full of men. I remember voicing my concern at that job that I didn't fit in – he reassured me that I had the training, education and strength to work in any environment. Fifteen years later he was saying the same thing.

As you can see, I was hired and have been your Executive Director for seven years now. I write about this experience because both my mentor, Dr. Howington and my dad passed away within a week of each other – January 28th and February 5th, respectively. I was blessed that I was able to see both of them before their passing. It greatly encouraged my heart to see Dr. Howington, after these past few years, and know that he was not only happy to see me, but was proud of me. I had made him proud with how the Society has grown and prospered. And as far as my dad is concerned, he's always been proud of me and I of him. Some of you have met him over the years – if it wasn't as a patient then as part of the décor team during the Annual Medical Society Awards.

I am grateful to these two men and their influence in my life. I honor them by striving to share their wise advice with others – be strong, always care for others, and don't let barriers stand in your way – especially your own self.

(l-r): Dr. Tom Logio, Nancy Green-Irwin, Dr. Marilyn Young, Julie Ramirez, Dr. James Johnson, Dr. Lee Howington, Dr. Andy Oakes-Lottridge. Volunteer physicians and staff for the Wellness Clinic of Senior Friendship Centers in 2014.



My dad helping with the décor for the 2019 AMSA event.

TO MEASURE AND REDUCE DIAGNOSTIC ERROR, START WITH THE DATA YOU HAVE

BY: David L. Feldman, MD, MBA, FACS, Chief Medical Officer, The Doctors Company and TDC Group; Senior Vice President, Healthcare Risk Advisors

As a patient safety problem, diagnostic error differs from wrong-site surgery or medication errors. While we have not yet eliminated these errors, we know that systems-safety interventions like checklists and time-outs make an impact. But in considering diagnostic errors—when we are often trying to get inside someone's head to determine why they did or didn't think a certain thing—it is a totally different proposition.

Moreover, at times, we lack clear distinctions between true diagnostic error and the natural progression of a disease. We know that diagnostic errors occur across specialties and patient populations, but surprisingly, we see that common conditions are often missed. Progress has been made over the past decade, as shown by Hardeep Singh, MD, MPH, during his recent presentation for the Healthcare Risk Advisors (HRA) Virtual Conference Series.

Dr. Hardeep Singh, MD, MPH, an expert in diagnostic safety for the VA Medical Center in Houston and a Professor of Medicine for Baylor College, says that healthcare is striding through the 2020s with its best tools yet to continue improving. To improve diagnostic safety, he recommends focusing not just on individual performance, but also on the performance of the system where clinicians practice. For example, an organization must first measure its current rate of diagnostic error—which is easier said than done.

Use Accessible Data to Measure Diagnostic Error

For those planning to improve diagnostic safety in their own institutions, Dr. Singh suggests four potential sources of data:

1. **Use the data that are already available.** Adverse event reports, medical malpractice data, and patient complaints present learning opportunities.
2. **Solicit reports from clinicians about diagnostic errors and near misses.** Most reports come from nurses, pharmacists, and other allied health professionals. Many clinicians are reluctant to report. Find a way to invite their information that makes sense for your organization.
3. **Learn from patients.** At many institutions, patient complaints are being gathered but not being harvested for signals for improvement. Meanwhile, researchers hear patients say things like, "I kept telling them about this specific concern, but they didn't listen to me." Whether it is a case of misaligned expectations or actual diagnostic error, every patient complaint is an opportunity to learn. Open notes could also be leveraged for improvement opportunities.
4. **Make your EHR work for you.** Your EHR can help you identify patients with diagnostic concerns by flagging records selectively with e-triggers. For instance, you might view only records that fit a certain clinical profile versus all records. Two examples include: (a) a low-risk patient who is transferred to ICU or initiates a rapid response team within 15 days of admission, or (b) a patient who visits primary care, followed by an unplanned hospital admission within 14 days. These scenarios invite us to ask if there was a missed red flag.

Address Ambiguous Responsibility with Clear Policies

In healthcare, and especially in any fragmented healthcare systems, the responsibility of who is doing what may not always be clear. Here is an example of ambiguous responsibility that Dr. Singh discussed: A primary care physician refers a patient to a pulmonologist. The pulmonologist orders a test that returns an abnormal finding. An EHR will alert both clinicians of that result, so who is responsible for follow-up? What Dr. Singh's team found is that each might think it's the other. To address ambiguous responsibility, all organizations should create, formalize, and promote a crystal-clear policy regarding who is responsible for follow-up of abnormal test results and in what time frame.

Close the Calibration Gap with Feedback

Calibration is the alignment between diagnostic accuracy and a physician's confidence in that accuracy. For a vignette study,1 physicians were presented with sample cases, both relatively easy and hard to diagnose. Physicians were asked for their differential diagnoses and their confidence in their differential diagnoses. Before they rendered their final diagnosis for each case, physicians were asked if they had resource requests, such as wishing to consult a colleague, desk reference, or web-based tool. Dr. Singh and fellow researchers had hypothesized that when cases were more difficult, clinicians would seek more assistance, because they would be very uncertain—but that turned out not to be the case. For the easier-to-diagnose cases, physicians were right about 56 percent of the time, and fairly confident. But accuracy for the difficult cases was below 6 percent—with confidence almost unchanged.

That's the calibration gap—and it can be closed with feedback. Finding ways to close it will be crucial to our long-term efforts to improve diagnosis. At HRA, among other things, we are working with our emergency department (ED) collaborative on missed strokes. From a small review of 43 HRA cardiovascular diagnostic cases, we saw that 20 of those patients returned to an ED after their first presentation. Of those, 10 presented at a different ED, so the clinicians they first saw probably did not know those outcomes.

Physicians, like all other professionals, need accurate and timely feedback to gauge performance. When patients simply go elsewhere, we lose valuable information.

Make a System-Wide Effort

Dr. Singh's findings align with our claims experience at HRA and The Doctors Company. Roughly 20 percent of claims involve diagnostic error, and what we learn from such claims has implications for patient safety in all areas of ambulatory, inpatient, and ED care. Examining our medical malpractice claims through the lens of the diagnostic process of care framework created by CRICO, the risk management arm of the Harvard medical institutions, we see that care most often diverges from an optimal outcome early on, with an incomplete history or with a cognitive bias like anchoring or premature closure.

To address these ongoing concerns, which affect clinicians and patients across the spectrum of care, we are engaging in a variety of efforts—from a new project looking at primary care, to partnering with national societies to improve diagnosis and prevent errors.

In envisioning healthcare's next decade, Dr. Singh sees many promising developments in diagnostic safety, but says we still have miles to go. As we implement new tools and best practices to foster learning and improvement, it's time to make diagnostic safety not just an individual priority, but also an organizational priority.

Tools to Help Us Improve Diagnostic Safety

Agency for Healthcare Research and Quality (AHRQ):
Operational Measurement of Diagnostic Safety: State of the Science

Institute for Healthcare Improvement (IHI):
Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era

World Health Organization (WHO):
Diagnostic Errors: Technical Series on Safer Primary Care

WHO: Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care

Links active in the web version of this Bulletin at LCMSFL.org/publication

AMA WELCOMES DRAFT CDC CHANGES IN OPIOID GUIDANCE

BY: Bobby Mukkamala, M.D., Chair, AMA Board of Trustees
Chair, AMA Substance Use and Pain Care Task Force

The American Medical Association (AMA) applauds the Centers for Disease Control and Prevention (CDC) for listening to its Board of Scientific Counselors, its Opioid Workgroup, the medical community and patients with pain by acknowledging the original guideline missed the mark. As the draft says, the CDC guideline should not be "a replacement for clinical judgment or individualized, person-centered care." We could not have said it better.

The AMA will review the draft guideline and offer further comments. But for nearly six years, the AMA has urged the CDC to reconsider its problematic guideline on opioid prescriptions that proved devastating for patients with pain. The CDC's new draft guideline—if followed by policymakers, health insurance companies and pharmacy chains—provides a path to **remove arbitrary prescribing thresholds, restore balance and support comprehensive, compassionate care**. The previous guidance has harmed patients with chronic pain, cancer, sickle cell disease, and those in hospice. The restrictive policies also failed patients who are stable on long-term opioid therapy, and it has denied care to post-surgical patients and those with an opioid use disorder. The list of misapplications of the 2016 guideline is long, and its impact has been tremendous harm.

In addition, the guideline did nothing to stem the drug overdose epidemic sweeping the country. In fact, the epidemic has become more lethal despite the CDC restrictive guideline due to illicitly manufactured fentanyl, fentanyl analogs, heroin, methamphetamine and cocaine.

States and insurers have turned the guideline into laws and unbending regulations, preventing physicians from treating patients as individuals with specific needs. The AMA outlined its concerns and recommendations in 2016 and 2020 to the CDC. For the nearly 40 states that have codified the guidelines—as well as the insurers and pharmacy chains that have policies based on the guideline—the new draft guidance is good place to start with overhauling policies and laws.

PHYSICIAN WELLNESS PROGRAM

Your Mental Health is Important to Us!

The Physician Wellness Program (PWP) provides a safe harbor for physicians to address normal life difficulties in a confidential and professional environment. **It is important that we be as healthy as possible in our role as healthcare providers.**

Two independent psychology group providers maintain a confidential file for each physician, but **no insurance will be billed** and LCMS will not be given any information about those who utilize the program. This program is completely confidential. **LCMS will pay a monthly bill based on the number of sessions provided.** LCMS membership will be verified by the psychologist using the physician finder on the LCMS website.

Active members can easily make an appointment by selecting **a vetted Psychologist member** at www.lcmsfl.org, and then call and identify yourself as a member of Lee County Medical Society and that you wish to utilize the Physician Wellness Program benefit.

The PWP is an LCMS membership benefit and:

- **Includes 3 free sessions each calendar year**
- **Is completely confidential**
- **Offers convenient locations in both Fort Myers and Naples**
- **Provides 24/7 access and availability**

Funded by donations to Lee County Medical Society Foundation (501c3)
To donate visit www.lcmsfl.org

IN NEW COURT MOTION, MAJOR MEDICAL SOCIETIES ARGUE NO SURPRISES ACT RULE VIOLATES LAW PASSED BY CONGRESS

In a motion for summary judgment filed on February 9, the American Society of Anesthesiologists (ASA), American College of Emergency Physicians (ACEP) and American College of Radiology (ACR) argue that the interim final rule (IFR) created by the United States Department of Health and Human Services (HHS) turned the balanced and fair reforms of Congress's No Surprises Act upside down and transformed the act intended to protect patients and their physicians into a giveaway for private insurers.

"The IFR ... will hit anesthesiology, radiology and emergency medicine hard across the country, especially in small, rural or marginalized communities," said ASA President Randall M. Clark, M.D., FASA.

"Rather than the compromise meticulously crafted to solve surprise bills as Congress intended, the administration has turned this law into an open invitation for insurance companies to strongarm physicians out of network," said Gillian Schmitz, MD, FACEP, president of ACEP.

"Without regard for patient impact, insurers are using the federal rule to narrow provider networks, which will deny patients' access to their chosen providers and inflate already record insurer profits," said Howard B. Fleishon, MD, MMM, FACR, chair of the American College of Radiology Board of Chancellors. "Rural and underserved communities may be hit hardest by this overreach ... The court can stop this now by granting our motion for summary judgment."

The No Surprises Act gives patients financial protection against surprise medical bills and prohibits balance billing for certain out-of-network (OON) services or care. In the law, an independent dispute resolution (IDR) entity is required to consider six factors when determining the payment amount for OON bills: 1) the insurer's in-network rate, known as the qualifying payment amount; 2) the provider's training, experience, and quality of care; 3) the provider's and insurer's market share; 4) the acuity and complexity of the care; 5) the provider's teaching status, case mix, and scope of services; and 6) the good-faith efforts of the provider and insurer to contract for in-network rates.

What the administration did instead was "set one factor—the insurer's in-network rate—as presumptive," according to the motion for summary judgment. "The IFR's presumption in favor of insurers' in-network rates will empower private health insurers to drive down payment, imperiling physicians and their patients' access to care."

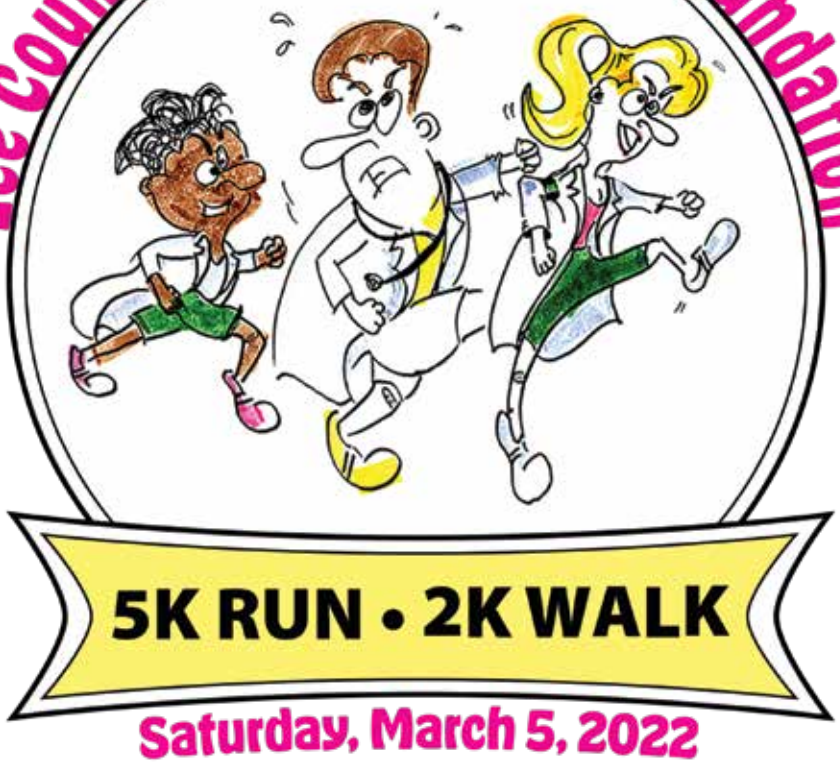
The motion for summary judgment states that the IFR "violates the plain language of the No Surprises Act, exceeds the department's authority granted by Congress, thwarts the purpose of the statute, is inconsistent with the legislative history of the No Surprises Act, and was promulgated in violation of the Administrative Procedure Act (APA)."

In their filing, ASA, ACEP and ACR ask the court to find the administration's IFR "unlawful" because it is "arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law;" "without observance of procedure required by law;" and "in excess of statutory jurisdiction, authority, or limitations, or short of statutory right."

Health insurers' net incomes and profit margins have grown each year since 2015—including record profits in 2020—even as their costs dropped. Insurance premiums continue to rise. Record insurer profits have not led to reduced premiums for beneficiaries. There is no indication—nor proof—that insurer profit increases gained via No Surprises Act-related network restrictions would result in lower costs to patients. Neither the lawsuit nor the filing for summary judgment impact patient protections in the new law nor increase patient health care costs.

Proceeds support LMCS Foundation and the Physician Wellness Program

Lee County Medical Society Foundation



5K RUN • 2K WALK

Saturday, March 5, 2022

JAYCEE PARK

8:00AM
4125 SE 20th PLACE
CAPE CORAL, FL 33904

CATEGORIES

ADULT RUN 5K
YOUTH RUN 5K
ADULT WALK 2K
YOUTH WALK 2K

ORGANIZED BY

LEE COUNTY MEDICAL SOCIETY INC FOUNDATION

SUPPORT

RUN/WALK ENTRY
SLEEP-IN DONATION
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SIGNUP TO RUN OR SPONSOR ONLINE at www.LCMSFL.org/fun-run

Questions? Please call 239.936.1645

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