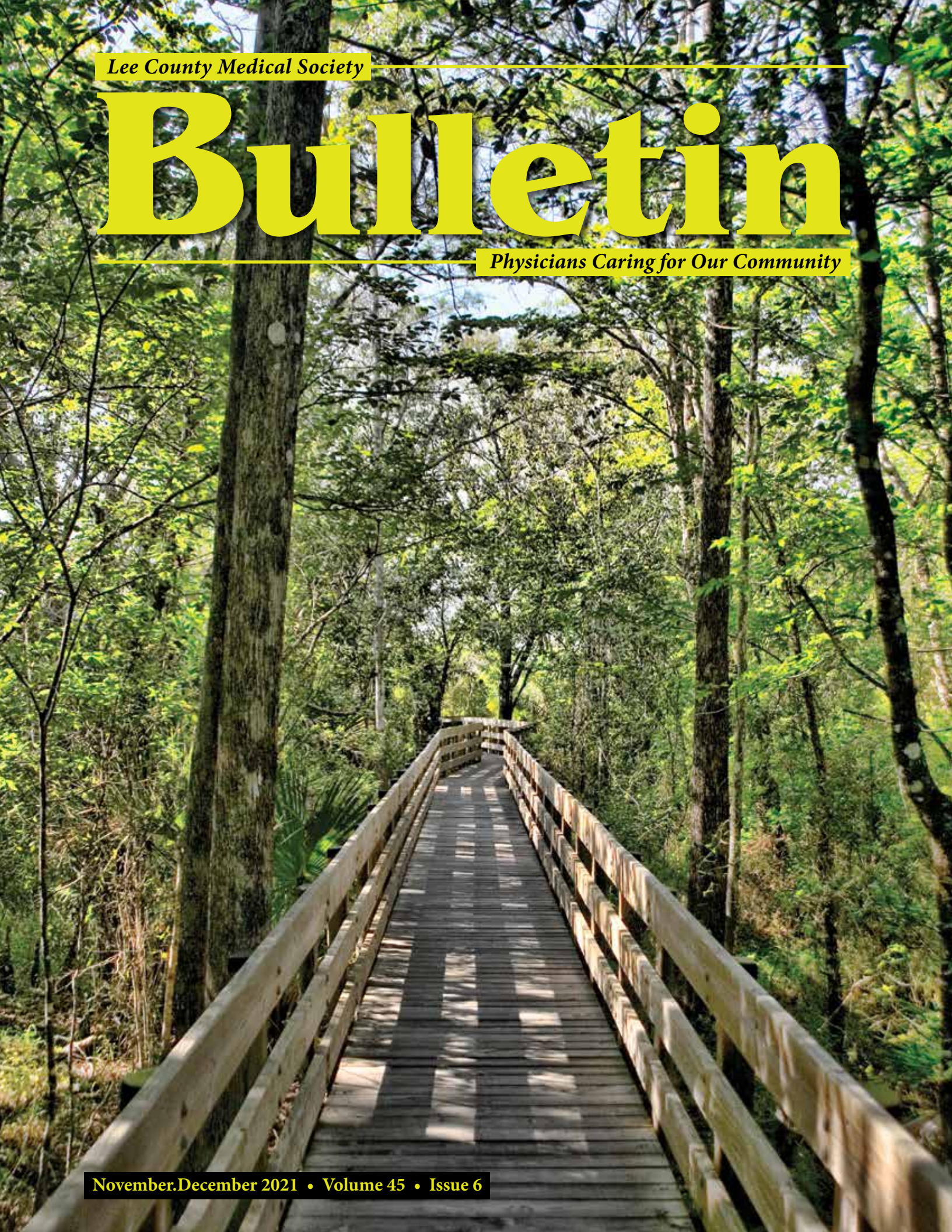




Lee County Medical Society

Bulletin

Physicians Caring for Our Community

November/December 2021 • Volume 45 • Issue 6



BULLETIN

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Janet Gaw, MD	Gamini Soori, MD

MANAGING EDITOR

Julie Ramirez, Executive Director
239.936.1645
jramirez@lcmsfl.org

BULLETIN STAFF

Valerie Yackulich, Executive Assistant
valerie@lcmsfl.org

PUBLICATION SPECIALIST

Mollie Page
mollie@printpageusa.com

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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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A HOLIDAY MESSAGE

Julie & Valerie of the LCMS staff wish every member a very **happy holiday** with friends and family. We look forward to your smiles in 2022!

SUBMIT A PHOTO

Members are encouraged to submit photos to be considered for the *Bulletin* cover. Must be large format/300dpi. Email photos to valerie@lcmsfl.org

CALENDAR OF EVENTS

DEC 3rd

7:00pm - 9:00pm

LCMS Foundation: Art Gallery Event

*Fundraiser by Juli Bobman
of Behind the Buddha Art Studio*
Physician art for sale. Includes wine & appetizers.
Proceeds benefit Physician Wellness Program.

DEC 9th

7:00pm - 10:00pm

Annual Holiday Party

Marriott Sanibel Harbour Resort and Spa
17260 Harbour Pointe Dr., Fort Myers, FL

JAN 22nd

7:00pm - 9:30pm

10th Annual Medical Service Awards

Lexington Country Club
16257 Willowcreek Way, Fort Myers, FL
Networking, dinner & awards.
See page 7 for details.

MAR 5th

8:00am

4th Annual LCMS Foundation 5k Fun Run & 2k Walk

Jaycee Park
4125 SE 20th Place, Cape Coral, FL

RVSP to LCMS events at www.lcmsfl.org

MEMBER NEWS

NEW MEMBERS AS OF NOVEMBER 18, 2021

Fariha Abbasi-Feinberg, MD

Sleep Medicine

Millennium Physician Group: 13813 Metro Pkwy., Fort Myers, FL 33912
Tel: 239-936-1343 • Fax: 239-936-8502

David Cervantes, MD

Cardiothoracic Surgery

Shibley Cardiothoracic Center: 9981 S. HealthPark Dr., Fort Myers, FL 33908
239-343-6341 • 239-343-6342

Elyse Cohen, MD

Internal Medicine

Gary Price, MD/Private Physicians of SWFL:
9722 Commerce Center Court, Fort Myers, FL 33908
Tel: 239-415-1111 • Fax: 239-415-1198

Jason Friedrichs, MD

Ophthalmology

Collins Vision: 6900 International Center Blvd., Fort Myers, FL 33912
239-936-4706 • 239-225-6775

Francesca Gesiotto, DO

Internal Medicine

Internal Medicine of SWFL: 6311 South Pointe Blvd., Fort Myers, FL 33912
Tel: 239-275-0040

Benjamin Lehmkuhl, DO

ENT

Florida Gulf Coast ENT: 9250 Corkscrew Rd., Ste. 3, Estero, FL 33928
Tel: 239-498-2528 • Fax: 239-498-0686

Thomas Morell, MD

Neurology

Neurology and Spine Center: 3501 Health Center Blvd.,
Ste. 2140, Bonita Springs, FL 34135
239-949-9000 • 239-949-9020

Catalina Mosquera, MD

General Surgery

South Florida Surgical Oncology: 8925 Colonial Center Dr.,
Ste. 2000, Fort Myers, FL 33905
Tel: 239-333-0995 • Fax: 844-615-5267

Chaturani Ranasinghe, MD

Pain Medicine

Jaffe Sports Medicine: 455 Del Prado Blvd. S., Cape Coral, FL 33990
239-319-4545 • 855-959-1692

Patricia Sareh, MD

Endocrinology

Endocrine & Diabetes Care: 12559 New Brittany Blvd., Fort Myers, FL 33907
Tel: 239-333-2580 • Fax: 239-333-2581

Dale Segal, MD

Spine Surgery

Orthopedic Specialists of SWFL: 2531 Cleveland Ave.,
Ste. 1, Fort Myers, FL 33901
Tel: 239-334-7000 • Fax: 239-334-7070

Jian Kent Zhao, MD

Family Medicine

Physicians' Primary Care: 7381 College Parkway,
Ste. 110, Fort Myers, FL 33907
239-482-1010 • 239-452-1481

Associates in Digestive Health

625 Del Prado Blvd., S., Cape Coral, FL 33990
Tel: 239-772-3636 • Fax: 239-772-5073

Bradley Trope - Gastroenterology

Paul Wiessblatt - Gastroenterology

Radiology Regional Center

3680 Broadway, Fort Myers, FL 33901

Tel: 239-936-2316 • Fax: 239-425-4798

Charlene Alford-Mercier, DO - Radiology

Eric Williams, MD - Radiology

Alex Woehlke, DO - Radiology

U.S. Anesthesia Partners

13350 Metro Pkwy, Ste. 301, Fort Myers, FL 33966

Miguel Ruben Abalo, MD - Anesthesiology

Tel: 239-332-5344 • Fax: 239-673-1401

Eric Shields, MD - Anesthesiology

Tel: 239-332-5344 • Fax: 239-514-2280

DR. BLOOMSTON FEATURED ON WFTX MORNING BLEND SHOW

Dr. Mark Bloomston, Surgical Oncologist for GenesisCare in Southwest Florida, spoke to Amy Lynn, host of "The Morning Blend" with WFTX Fort Myers in October about the Florida Pancreas Center and all it has to offer our communities, as well as its recognition of being a Pancreatic Cancer Center of Excellence.

Watch the video at: <https://bit.ly/BloomstonMorningBlend>

IN MEMORIAM

It is with profound sorrow that we announce the deaths of these beloved Lee County community physicians:

Howard Harris, MD & Joseph K. Isley, MD

CORRECTION: PHYSICIAN DIRECTORY

We apologize for an error that occurred on page 36 of the 2021 LCMS Physician Directory: **Damian Maxwell is a licensed Doctor of Medicine (MD), and not a Doctor of Osteopathic Medicine (DO).**

NEW FSU RESIDENT MEMBERS

2780 Cleveland Ave., Ste. 709, Fort Myers, FL 33901

Tel: 239-343-3831 • Fax: 239-343-2392

Nicole Jimenez, MD

Danielle Ferra, DO

Stacy Stephen, MD

Laura Tovar Hart, DO

Audrey Wagner, MD

Jessica Byas, MD

Sandy Bolis, DO

Deliabell Hernandez, MD

LCMS: HELPING YOU NAVIGATE THE COMMUNITY

PRESIDENT'S MESSAGE: Elizabeth Cosmai, MD

The year 2021 is coming to an end. What a year it has been. Serving as the President of Lee County Medical Society (for an extended period) has been an honor and a true joy.



The Lee County Medical Society (LCMS) has given me the privilege of interacting with medical colleagues that I may have never had a chance to meet otherwise. I have had the opportunity to make lasting friendships and create wonderful collegial relationships...and for that, I am most thankful for.

LCMS is a physicians' club. It is OURS to make what we want it to be. LCMS has existed for decades and has grown larger and stronger throughout the years. Only through continued membership, new and renewals, can we continue to remain relevant. In order to make changes in healthcare policy within our county or even our state, a healthy medical society is a necessity. At the end of the day, please view your LCMS membership as 'money well spent'.

We have a diversity of membership and have been fortunate to have had a handful of female presidents (myself being one of them). We welcome all physicians of Lee County to join. One of our goals is to continue to increase membership because we can only be stronger by numbers. When you come to a cocktail hour or social event, be prepared to meet a new 'friend' or a new colleague to refer to.

LCMS should be an organization that you can turn to to help navigate through our medical community. LCMS will continue to fight on your behalf whether it's at a local or state level. Our representation at the annual Florida Medical Association allows us to advocate for the physicians of Lee County. On an individual level, the Physician Wellness Program (PWP) exists to help our physicians cope with the stress of our profession. PWP needs continued financial support because it's what our physicians need access to in order to remain mentally healthy.

During my tenure as President of LCMS, I have dedicated myself to making sure that the society remains solvent. I have created financial policies that provide the society with checks and balances. We need to remain financially sound in order to continue to be successful. As physician members, you should feel confident that **your annual dues are being looked after and utilized in the most appropriate way.**

I am thankful for having had the opportunity to serve as President of LCMS. When you enter into the role as an executive board member, most of us have no idea of the time commitment. This is a voluntary and unpaid position that demands a significant amount of your 'free time'. Starting from the role of secretary, executive board members have unique responsibilities and I have had the pleasure of working with colleagues who have taken their responsibilities seriously. I will miss this interaction but I am happy to know that the physician leadership within LCMS is immensely strong and I leave the society in stable hands.

I now pass the baton to our current President elect. I look forward to seeing all of you in the coming year as Past President of LCMS.

A promotional graphic for Physicians' Primary Care of Southwest Florida. It features three physicians in white lab coats. At the top left is the logo for Physicians' Primary Care of Southwest Florida, celebrating 25 years. The physicians are: Jennelle Villaflor, MD (Internal Medicine, Fort Myers, (239) 482-1010), Liliya Gerasymchuk, DO, FAAP (Pediatrics, Cape Coral, Lehigh Acres, (239) 481-5437), and Ryan Harlacher, MD (Family Medicine, Fort Myers, (239) 482-1010). A QR code is located next to Ryan Harlacher's name. The website ppcswfl.com is at the bottom.

WECARE: THE COMMUNITY IS GRATEFUL TO YOU

BY: Amy Singer, WeCare Director

United Way WeCare program thanks the members of the Lee County Medical Society for their tremendous support over the last year. Every day, physicians such as yourself are making a difference in the lives of patients that otherwise would not be able to afford care. Recently, United Way WeCare staff received a call from a hospital that a young woman was diagnosed with colon cancer. She was in immediate need of surgery. Staff was able to enroll her in the program and her husband stopped by United Way's Community Impact Center the day of his wife's surgery to pick up her United Way WeCare card. He was in tears and so thankful that they did not have to worry about the wife receiving the care she needed because of the generosity of caring, local physicians.

United Way WeCare is a partnership with the Florida Department of Health's Volunteer Health Care Provider Program, VHCPP. Section 766.1115.F.S. Under this statute,

it allows licensed health care providers to **volunteer their services and receive sovereign immunity**. Volunteer providers have the flexibility to incorporate United Way WeCare patient care into their regular office hours, or schedule of appointments for their convenience. This is an important aspect of the program, which does not require doctors and providers to leave their office or go to a different clinic location. Participating providers **receive continuing medical education credits and a waiver of biennial license renewal fees**.



United Way WeCare would love to meet with you and your office to discuss how you can get involved today. Whether you see one patient, or one hundred, your time is valued and critical to the success of United Way WeCare and the patients it serves. Please contact me, Amy Singer, WeCare Director, at 239.433.7585 or cell 239.980.1438, amy@unitedwaylee.org. For more information on United Way, visit www.UnitedWayLee.org.



We Appreciate Your Referrals



From left: Nina Burt, O.D.; Sarah Eccles-Brown, M.D.; Kate Wagner, O.D.; E. Trevor Elmquist, D.O.; Yasaira Rodriguez, M.D.

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PRACTICE VALUES

BY: Bruce H. Vanderlaan, Esq.

Practice values has so many different meanings. I want to explore them with you. I'd like to help you create more value in your practice. These are simplistic, and there is so much more detail to go into, but I want to touch on several items and leave you with something of value too. So often I have heard Doctor clients say there is no value in their practice because, "It's just me." Last week I had a practice manager in Tampa tell me she felt the same way and the same thing had been told to her. **It's not true.**

We used to say, "You are what you eat." But today, we say, "You are what you measure." Some things in a practice are easy to measure, like revenue. But some, like "culture" don't seem to be.

Let's start with an easy one, **revenue**. Look at your P&L and you can see whether it's up or down, whether the trend is good or bad, whether there is seasonality or not. Now, let's dive deeper. Where does that revenue come from? Do you have one or two major referral sources? That's risky. Best practice is no more than 10% from any one source. Even then, it's best to track "good" referrals vs. "bad" referrals. Which ones are actually profitable?

85% of people trust an online review as much as the opinion of a friend.

What are your **marketing** efforts? The old cliché about advertising was that 50% of it was effective. The problem was you could never figure out which 50%. Now, you can track website views and engagement or "click throughs." More importantly, you can track reviews. Studies now show that more than 85% of people trust an online review as much as the opinion of a friend. It's critically important to build a culture that gets good reviews, from

the front desk to the care received. Bad reviews should be responded to, with an apology if appropriate, and managed carefully.

Another of your most important key performance indicators ("KPIs") is your **labor costs**. This is more than what it costs to employ people. It's no secret that we're

in a labor crisis. The number one factor in people leaving their jobs is their manager's attitude. You can observe that attitude and measure the results by your turnover.

The cost of turnover has always been high. Pre-COVID, the Sasha Corporation averaged the results of 15 studies and determined **the average costs to replace even lower-cost employees was between \$5,505.80 and \$9,444.47** when you factor in lost productivity, administrative costs, training, and money out of pocket. When you talk about higher compensated employees, nurses, mid-levels, and practitioners, the costs rise even more dramatically.

Returning to the "easy" ones, we can always measure things like profitability, gross margin, accounts receivable and aging, and Adjusted EBITDA (Earnings Before Interest Taxes Depreciation and Amortization), but you're probably wondering what "good" metrics are for these KPIs. In general, a gross margin of +/- 50% is good. How is it calculated? You subtract the cost of the direct caregiver from the gross revenue, and you get "**cost of service.**"

When you take into account all of the other expenses and operational costs you get your profitability. It's not necessarily your net income. For valuation purposes, it's your Adjusted EBITDA. **A good rule of thumb for profitability is the 13% - 18% range.** Any lower and you hurt your potential return. Any higher and sustainability is suspect.

A number of factors go into your Adjusted EBITDA, including one-time expenses, owner benefits, and non-operational costs. Most of the time, AEBITDA is higher and gives a more accurate picture of profitability.

I hope this very broad overview gives you some valuable things to think about. Looking deeper you can discover many strategies to help you measure where you are and get where you want to be.

How to Calculate Cost of Service:
Subtract the cost of the direct caregiver from the gross revenue.

PHYSICIAN
MEDICAL SERVICE

AWARDS

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

NEW DATE & LOCATION!
SATURDAY, JANUARY 22, 2022
7:00pm - 9:30pm
Lexington Country Club
16257 Willowcreek Way • Fort Myers
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Auction Item Donation

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HOW TO ANSWER COVID-19 QUESTIONS FROM PATIENTS

BY: Robert M. Wachter, MD, member of The Doctors Company's Board of Governors

Dr. Robert M. Wachter recently shared his thoughts on answers to some of the most common questions patients are asking healthcare providers about COVID-19.

Q: CAN I GET THE VIRUS TOUCHING SURFACES?

A: Transmission from surfaces has proven to be so rare that it's basically a nonentity. At the start of the pandemic, we were cleaning the groceries and quarantining the mail for a day or two. It almost seems silly now, but we didn't know anything. It was a new virus. We were doing things based on what we knew about other viruses. It is theoretically possible to get the virus from touching things, but for all intents and purposes, that is not a mode of transmission. It is reasonable to clean your hands periodically, more to prevent other viruses than COVID-19.

Q: IS IT SAFE TO TRAVEL?

A: We're all having to negotiate this weird new normal. I respect people's personal choices. I think it would not be unreasonable to say, "I will go on trips that are mandatory, but for a trip that's more elective, I'm going to wait until I'm really confident that the level of COVID-19 is lower than it is now." The planes are quite safe. The level of air filtration on airplanes is better than in most stores and workplaces. Most of a plane flight involves traveling in a very well-ventilated indoor space with near-universal masking, which feels quite safe. And then, at some point, when people take their masks off to eat, it turns into a flying restaurant. When I fly, I do everything I can to keep my mask on for nearly the entire flight.

Q: CAN I ATTEND OUTDOOR ACTIVITIES?

A: I'm perfectly comfortable eating in outdoor restaurants. I am now just becoming comfortable eating inside in San Francisco because so many people are vaccinated in the city. The case rate has now fallen to a level that the chances that a person sitting at the next table to me is going to have COVID-19 are very, very low. It's a risk-benefit decision. If you're in a city that has a higher rate of COVID-19, I would wait a little bit. A lot of this depends on if you're vaccinated. If I was not vaccinated, I would not be comfortable eating inside. The reason is that, for the unvaccinated person, this is one of the riskiest times in the pandemic, because the Delta virus is twice as good at infecting people as the virus was last year. And without a vaccine, your body has not evolved to be better at fighting the virus.

So, the decision about eating inside or other indoor activities really kind of depends on the rate of COVID-19 in your community. The number I tend to look at is the number of cases per day per 100,000 people. San Francisco is now down to about 70 cases a day in a city of almost 900,000 people. So that's about eight cases per day per 100,000 people. That's a level that's low enough that the chance that the person at the next table is infected is so low that I'm not all that worried about it. I still wear masks when I go shopping. At this point, because of Delta, you should be wearing a mask in most indoor places. And when you wear a mask, medium protection is surgical mask and then a cloth mask on top of it. And if you're in a place that you perceive as being riskier, wear a good N-95 mask, which you can now obtain in many places.

Q: ARE OTHER VARIANTS ON THE HORIZON?

A: We don't know. We didn't know about Delta until six months ago. Delta is twice as infectious as the original virus. And so, the level of immunity that would have been good enough for the old virus is longer good enough for Delta. You'll hear about new variants popping up every now and then. The good news about Delta—and it's hard to say that there's any good news—is that it's still susceptible to immunity from the vaccines. But it is so much more infectious than the original virus that it basically has won the race. And so, as new variants pop up, the question really is: Will they spread like wildfire the way Delta did? It's really about the math. New variants will spread like wildfire if they turn out to be much more transmissible than Delta is. Most of the people who study this believe that it is unlikely that there will be another variant that's better than Delta at spreading. I say unlikely but not impossible.

Q: WHAT'S HAPPENING WITH TREATMENT BEYOND VACCINATIONS?

A: Treatment has gotten better. We now know that for someone who is sick enough to be in the hospital, if you give them corticosteroids and other immune modulator drugs, we can decrease the chances they'll get super sick and die. Some will get very sick and die, unfortunately, but it's a lower chance. The big recent breakthrough was the report from Merck about a new oral medication for people who were unvaccinated or who were at high risk of a bad outcome. For older people or people with other medical comorbidities, taking the pill for five days decreased the chances that they would need to be hospitalized or would die by 50 percent. It's not yet approved, but I think it probably will be. It looks like the side-effect profile is benign. Whether someone who's vaccinated will be eligible for that medicine and will want to take it is an open question. The reason for that is that if you're vaccinated and you get a breakthrough infection, the chances that you're going to get so sick that you'll need to go to the hospital or die are so much lower. But if you are 80 years old and vaccinated and get a breakthrough infection, it's not a bad idea to take the medicine.

Q: I HAD COVID-19, DO I NEED A VACCINATION?

A: You get some immunity from infection. The problem is that it's heterogeneous, meaning it's a little bit unpredictable in some people. It seems to be reasonably strong immunity in some people. It seems to be less strong in others. But in both cases, the immunity wanes over time.

Lots of people who think they had prior COVID-19 because they were ill did not actually have it. So it's important to be sure. But even if you had documented COVID-19, while you probably have some level of protection compared to someone who did not have prior COVID-19, it is nowhere near the level of protection that you would have if you got vaccinated. The vaccines work incredibly well for people with prior COVID-19.

The current recommendation from the FDA and the CDC is that you get both shots, even with prior COVID-19, and we need to go with that. But it turns out that after a single vaccine shot, the level of antibodies that you get if you've had prior infection is high. It may turn out to be that if you had prior COVID-19 and you get both shots, you may not need a booster, because in some ways, your prior COVID-19 was the equivalent of a first shot.

Q: WHY SHOULD I GET THE VACCINE WHEN VACCINATED PEOPLE CAN STILL BECOME INFECTIOUS AND SPREAD THE VIRUS?

A: The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

INTEROPERABLE TELEHEALTH: PATIENT SAFETY CONSIDERATIONS

BY: Sue Boisvert, BSN, MHSA, Patient Safety Risk Manager II, The Doctors Company

Efforts to connect patients and providers through telehealth have accelerated, and enabling technology systems to communicate and exchange information has become increasingly important. During the pandemic, it rapidly became clear that a single-source solution for telehealth—fully integrated with the electronic health record (EHR)—was necessary to maintain telehealth visits on a large scale.

The benefits of an interoperable single-source telehealth solution include patient relationship management features such as scheduling, a private “waiting room,” and the ability for the provider to share screens with the patient while discussing diagnostic results and providing patient education.

When surveyed, providers reported that viewing the EHR during a telehealth visit easily facilitated better care and rapport with the patient. In addition, the provider was able to easily create a visit summary and transmit it to the patient with any orders for diagnostic tests or referrals.

Remote patient monitoring (RPM) has proved to be a valuable adjunct to telemedicine. RPM collects clinical information that is useful to the provider for managing virtual care. RPM works well for patients with chronic disease, those being managed immediately after hospital discharge, and patients in a hospital-at-home environment. Interoperability of the RPM device with the telehealth or EHR system is a requirement for Medicare reimbursement.



When considering integration, determine whether or not to record and maintain the recordings of telehealth visits. The EHR platform may not be capable of managing large video files, and a physician practice that does not already provide imaging services probably will not have access to a picture archive and communication system (PACS). The video file problem is not insurmountable, but it adds data storage and another security endpoint to manage.

Practices that are currently unable to integrate the telehealth solution into the EHR may achieve integration using an interface. Organizations at this decision-making stage will want to evaluate the risks and benefits of all available options carefully. Using a consultant or a structured decision-making process such as failure modes and effects analysis (FMEA) adds diligence to the process.

In the interim, workflows become even more critical. If a disconnect exists between the patient visit and the record, providers may need more time to process the visit after completing the video interaction. The provider can achieve documentation of the clinical visit in the EHR in several ways, including creating a telehealth template in the EHR and documenting care after the visit, using speech recognition software for dictation, or using a scribe during the visit.

Regardless of whether your system is fully interoperable, the model of care delivery is essential. Allocating a block of time for telehealth visits may facilitate a smoother experience for both providers and patients. Some providers may prefer not to practice telehealth, and some providers may choose to specialize in it. Flexibility is key.

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With yet another major medical liability insurer selling out to Wall Street, there's an important question to ask. Do you want an insurer with an A rating from AM Best and Fitch Ratings, over \$6.2 billion in assets, and a financial award program that's paid \$120 million in awards to retiring members? Or do you want an insurer that's focused on paying its investors?

Join us and discover why our 80,000 member physicians give us a 90+% satisfaction rating when it comes to exceptional service and unmatched efforts to reward them.

