LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Editor: John W. Snead, MD

Volume 37 Issue 10

December 2013

2013 & 2014 Meetings & Events

LEE COUNTY MEDICAL SOCIETY

LCMS / ALLIANCE HOLIDAY PARTY
December 9, 2013
7pm – 11 pm

Gulf Harbour Country Club
14500 Vista River Drive
Fort Myers, FL 33908

Sponsored by:
Fine Mark National Bank & Trust
The Doctors Company

2014 Annual Medical Service Awards
January 17, 2014

6:00 p.m. Social Time
7:00 p.m. Dinner
7:50 p.m. Program:

Installation of 2014 LCMS Officers
Annual Medical Service Awards

Lexington Country Club
16257 Willowcrest Way
Fort Myers, FL 33908

RSVP to: Lee County Medical Society
13770 Plantation Road, Ste 1
Fort Myers, FL 33912
Tel: 936-1645
Fax: 936-0533

Insert:
January 2014 Installation of Officers & Annual Medical Service Awards Flyer

Inside This Issue:

About the Cover: Ed Guttery, M.D.
Photo was taken in Connestee Falls in the early summer, Western North Carolina, close to Brevard.

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement 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 meeting minutes are available for all members to review.

Membership News

DR. JOSEPH P. WALKER IS HONORED AT NATIONAL RETINA SPECIALISTS MEETING

FORT MYERS, FLA., October 4, 2013– Dr. Joseph P. Walker, founder of Retina Consultants of Southwest Florida, received an Honor Award for service to the American Society of Retina Specialists at the organization's annual meeting in Toronto.

Dr. Walker was honored for his time and contributions to the scientific programs of the association. More than 1,000 retina specialists from all over the world attended the conference.

Dr. Walker has been a member of the ASRS for more than 20 years and was honored for his role in making presentations, serving as a symposium moderator and panel discussion leader as well as serving on the instructional course faculty.

Practice Change

Timothy Kerwin, M.D. and Michael Smith, MD previously with Premiere Radiation Oncology are now with 21st Century Oncology.

New Members

Barry Haicken, MD
John Raheb, DO
Robert Chami, MD
Joseph Gauta, MD
George Comas, MD
Quentin Allen, MD
Michael Verwest, MD
D. Eric Eason, DO

New Applicants

D. Eric Eason, DO – Dr. Eason received his DO degree from New York College of Osteopathic Medicine, Old Westbury, NY in 2006. He completed a residency at Miami Children's Hospital, Miami, FL from 2006-2009 and fellowships in Pediatric Cardiology at Virginia Commonwealth University Health System, Richmond, VA from 2010-2012 and University of Miami/Jackson Memorial Hospital, Miami, FL from 2012-2013. Dr. Eason is board certified in Pediatrics. He is in practice at Lee Physician Group-Pediatric Cardiology at 16281 Bass Road, Ste 301, Fort Myers, FL 33908 Tel: 239-343-7490.

The Bureau of Tobacco-Free Florida "3 Ways to Quit" - Call, Click, Class

By: Brendan P. Donohue – Florida Department of Health

1. Clients seeking to quit smoking may make a toll-free telephone call -1-877-U CAN NOW.
2. They make work with a "Quit Coach" online at the online address: www.quitnow.net/florida
3. Those clients preferring a facilitated group experience need to register by telephone: 1-877 819-2357 or online at: AHECtobacco.com.

Nicotine Replacement Products (NRTs) are free-of-charge when available.

For private cessation classes, please call: Mary L. Bonnette, Ph.D., R.N at 239-851-9876 or email: mlbphdrn@comcast.net .

Lee County Medical Society 2014 Officers

The following slate of nominations for the 2014 officers of the Lee County Medical Society was voted and approved at the November 21, 2013 Annual Membership Meeting. We welcome and thank all who participate.

BOARD OF GOVERNORS
President: Peggy Mouracade, MD (elected 2013)
President-Elect: Andrew Oakes-Lottridge, MD
Secretary: John Burdzy, DO
Treasurer: Shari Skinner, MD
President: Audrey Farahmand, MD

Previously elected Members-at-Large:
Daniel de la Torre, MD (2014)
Valerie Dyke, MD (2014)
Paul Makhlouf, MD (2015)
Joanna Carioba, MD (2016)
Kultar Singh, MD (2016)
F. Rick Palmon, MD (Legislative Chair)
*Stephen Zellner, MD (IPALC Representative)

DELEGATES / ALTERNATES FMA ANNUAL MEETING

FMA DELEGATES

Cy Anderson, MD
Stuart Bobman, MD
Stefanie Colavito, MD
Daniel de la Torre, MD
Valerie Dyke, MD
*Larry Hobbs, MD, Chair
Richard Macchiaroli, MD
Peggy Mouracade, MD
Jeff Neale, MD
F. Rick Palmon, MD
James Rubenstein, MD
Shari Skinner, MD

FMA ALTERNATE

Ray Kordonowy, MD
Shahid Sultan, MD

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS
Kultar Singh, MD, Chair (2014)
Newly Elected EJA Members
Elizabeth Cosmai-Cintron, MD (2016)
Tracy Vo, DO (2016)

Previously elected EJA Members:
Darius Biskup, MD (2014)
Andy Oakes-Lottridge, MD (2014)
Jacob Goldberger, MD (2015)
Steven Guterman, MD (2015)

GREIVANCE COMMITTEE
R. Thad Goodwin, MD, Chair

LEGISLATION COMMITTEE
*F. Rick Palmon, MD

We would like to thank Dr. Richard Macchiaroli, for his years of service on the Board of Governors of the Lee County Medical Society. He will be leaving the Board at the end of 2013.

***EX-OFFICIO MEMBERS OF THE BOARD OF GOVERNORS**

LCMS Friends in Medicine

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanting services and products.

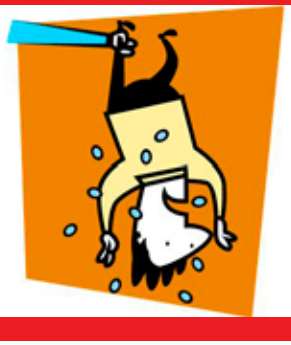
Capital Guardian Wealth Management

Markham Norton Mosteller Wright & Company, P.A.
Certified Public Accountants / Consultants

FINEMARK NATIONAL BANK & TRUST

THE DOCTORS COMPANY

LINDA R. MINCK, PL



LCMS MEMBERSHIP DUES

You should have received your 2014 Dues Statement by now; they were mailed mid September. Please remit your dues by December 31st to keep them from becoming past due. Your quick response would be appreciated if you have not remitted your payment. Thank you to all of you who have sent your payment in already.

Recruit three new members and your 2015 dues will be free of charge!

Physician Profiling

By the Florida Board of Medicine

UNDERSTANDING PROFILING

In 1997, the Florida Legislature passed a law requiring the Department of Health to maintain profiles on certain health professionals licensed in Florida. The law also specified the information to be maintained, how it was to be reported, and other requirements dealing with compiling and updating the information in the profiles.

WHICH PROFESSIONS ARE REQUIRED TO HAVE PROFILES?

Practitioner profiles are required for all Medical Doctors (M.D.s), Osteopathic, Chiropractic and Podiatric Physicians, and Advanced Registered Nurse Practitioners licensed in Florida.

WHAT INFORMATION IS INCLUDED IN THE PROFILE?

- The profile contains required and optional information from the practioner. Required information includes:
- The practitioner's education and training
- The practitioner's current practice and mailing addresses
- The practitioner's staff privileges and faculty appointments
- The practitioner's reported financial responsibility
- Legal actions taken against the practitioner
- Board final disciplinary action taken against the practitioner
- Any liability claims filed against Podiatric Physicians which exceeds $5,000
- Any liability claims filed against M.D.s and Osteopathic Physicians which exceed $100,000

Optional information may include committees/memberships, professional or community service awards, and publications the practitioner has authored.

HOW OFTEN DO I NEED TO REVIEW MY PROFILE?

If you are a licensed profiled practitioner, you should review your profile information frequently and report any corrections to the department immediately. By law, you are responsible for updating your profile information within 15 days after a change of an occurrence in each section of the profile.

IS ALL OF THE INFORMATION IN THE PROFILE ONLY REPORTED BY THE PRACTIONER?

No, please visit the following website to see the guide that shows what information is reported by the practitioner and/or his other sources, what information is verified and whether it is optional or mandatory. http://www.floridahealth.gov/licensing-and-regulation/practitioner profile/resources/_documents/practitioners-guide.pdf

UPDATING YOUR PROFILE

Changes (excluding medical malpractice) can be made to your profile electronically, using your Account/User ID and Password at www.FLHealthSource.com . Any Medical Malpractice changes should be faxed to (850) 245-4791. If you have any questions regarding your Account/User ID and Password or about updating your profile, you can contact a Profiling Specialist at (850) 488-050, extension 3 for assistance, Monday through Friday, from 8:00 a.m. until 5:00 p.m. excluding state holidays. Go to www.FLHealthSource.com

1. Click on Licensee/Provider
2. Click on Update Profile
3. Login by entering your profession, Account/User ID, and Password
4. Select "Update Personal Profile" on the left side of the page and review each section of the profile.
5. Once you have completed your review and made any necessary corrections, click on Confirm Changes.
6. The Practitioner Confirmation Page will display the information that will be published online, at which time you must confirm the profile again before the changes will be implemented.

CONTACT INFORMATION

Website: www.FLHealthSource.com
Email: Licensure_Services@doh.state.fl.us
Telephone (850) 488-0509
Fax: (850) 245-4791
Mailing Address:
Department of Health, Division of Medical Quality Assurance
Bureau of Operations - Licensure Support Services
4052 Bald Cypress Way, Bin #C-10
Tallahassee, FL 32399-3260

MED STATS

EHR Incentive Programs: Important Payment Adjustment Information for Medicare EPs

Information provided from First Coast Service Options

Eligible professionals (EPs) participating in the Medicare EHR Incentive Program may be subject to payment adjustments beginning on January 1, 2015. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment adjustments. Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

If you began in 2011 or 2012 If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

If you began in 2013 If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment adjustment in 2015.

If you plan to begin in 2014 If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you must demonstrate meaningful.

Alliance News:

by Mariquita Anderson, Alliance President

It looks as if November is becoming my time to sit down and write my End-of-Year Report. This year I'd like to thank President-Elect Leya Neizvest for nudging me.

For the Membership Year of 2013, we have 154 Members, thirteen are new members!!!

Our community health programs included anti bullying awareness, immunizations awareness especially for Tdap and flu, support of a K-12 Comprehensive Health Education Curriculum in Lee County Public Schools as recommended by the School Health Advisory Committee, and promotion of other 501(c)(3) health-related events and news.

Our legislative efforts continued to publicize the recommendations of LeePac and the Florida Medical Association. We also brought attention to legislation affecting the practice of medicine.

We donated money to the Betty Allen Ovarian Cancer Foundation from the proceeds of our Holiday Charity Basket and donated items to ACT during our October Donation Drive. We also started spotlighting the businesses of our members in our Featured Member Business section or our website and e-Newsletter and provided a new Member service by creating a Members-Only list of Area Recommendations on our website.

Our communication efforts have continued on our website and in our e-Newsletter, Tweets, Youtube videos, Flickr photos, private Facebook Group, and public Facebook Page. We reached a milestone when we published the 100th Edition of our e-Newsletter on Jan 18, 2013. In addition, there were seven Alliance Board meetings, one Member Only Directory, two print newsletters, 43 e-Newsletters and 8 Special Alerts.

Our awards included a First Place in Health Education for counties with over 100 members from the Southern Medical Association Alliance for our Anti Bullying program and four awards at our annual State meeting.

More information of what we've done in the past year can be found at the Alliance website at www.lcmsalliance.org.

Thank you to all who chaired, sponsored, organized, or helped produce an event or publication! We can't do this without your help. If you're interested in becoming involved in your Alliance this year, please contact Mariquita Anderson.

Mariquita Anderson, President
LCMS Alliance

Malpractice Case Shows Risk from Physician Not Dating and Initialing Reports

Physicians must be certain that there is a process in place to ensure that no imaging, laboratory, or consultant's report is ever filed unless it has been dated and initialed by the physician as proof that it was reviewed. Many medical liability claims would be prevented by this simple policy.

It is also important to create a suspense file or electronic health record (EHR) follow-up list for all ordered imaging studies, laboratory tests, diagnostic procedures, and consultations—to ensure that they were completed and that the physician reviewed the reports.

The following case is an example of a "perfect storm" that led to a malpractice claim:

A patient over the age of 50 was referred by the primary care physician to an orthopedist for evaluation of a two-year history of low back pain. The orthopedist ordered x-rays, which showed a questionable lytic lesion measuring 6 cm in diameter in the right iliac bone just superior to the acetabulum. The orthopedist's routine was to personally review his patients' x-rays, which he did in this case, but he focused on the lumbar spine and did not see the lytic lesion. The radiology report was sent to the orthopedist's office and filed without his review. No office policy existed to ensure that reports were filed only after he had initialed and dated them.

An x-ray taken eight months later again showed the large lytic lesion in the pelvis. The orthopedist reviewed the films and again missed the lytic lesion. The radiology report was not found in the orthopedist's file.

Four months later, the orthopedist performed an L5 laminectomy. Follow-up x-rays again noted the expansile lytic lesion. These films were reviewed by the orthopedist, who focused on the operative site in the lumbar spine and failed to see the lesion. The radiologist's report was faxed to his office and filed; it had not been brought to his attention.

An MRI done one month later showed a lobulated, expansile lesion in the pelvis, suspicious for low-grade chondrosarcoma. The radiologist phoned the orthopedist to discuss the findings—it was the first time the orthopedist realized that an abnormality was present.

The patient was immediately referred to a major medical center, where the patient underwent partial resection of the pelvis and hip with amputation of the right leg. A claim was filed alleging failure to appreciate the presence and significance of a lesion diagnosed as chondrosarcoma more than three-and-a-half years after it was first noted in the filed radiology reports.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

Five Long-Term Strategies to Avoid or Reduce the New MedicareTax on Investment Income

By: Markham, Norton, Mosteller & Wright, PA - In Addition Newsletter for October 14, 2013

The following ideas may not reduce or eliminate this year's exposure to the new 3.8 percent Medicare tax, but they could help a lot over the long run.

- **Convert traditional retirement account balances to Roth accounts,** but watch out for the impact on your MAGI (Modified Adjusted Gross Income) in the conversion year. That's because the deemed taxable distributions that result from Roth conversions aren't included in your net investment income figure, but they increase MAGI, which may expose more of your investment income to the 3.8 percent tax.

- Over the long haul, however, income and gains that build up in a Roth IRA will usually avoid the 3.8 percent tax, because qualified Roth distributions are tax-free. Because qualified distributions are not included in your MAGI (unlike the taxable portion of distributions from other types of tax-favored retirement accounts and plans), they will not increase your exposure to the 3.8 percent tax by increasing your MAGI.

- **Invest taxable accounts in tax-exempt bonds.** This would reduce both net investment income and MAGI. Use tax-favored retirement accounts to invest in securities that are expected to generate otherwise-taxable gains, dividends, and interest.

- **Invest in life insurance products and tax-deferred annuity products.** Life insurance death benefits are generally exempt from federal income tax and are thus exempt from the 3.8 percent Medicare tax too. Earnings from life insurance contracts are not taxed until they are withdrawn. Similarly, earnings from tax-deferred annuities are not taxed until they are withdrawn.

- **Invest in rental real estate and oil and gas properties.** Rental real estate income is offset by depreciation deductions, and oil and gas income is offset by deductions for intangible drilling costs (IDC) and depletion. These deductions can reduce both net investment income and MAGI.

- **Invest taxable accounts in growth stocks.** Gains are not taxed until the stocks are sold. At that time, the negative tax impact of gains can often be offset by selling loser securities held in taxable accounts. In contrast, stock dividends are taxed currently, and it may not be so easy to offset them.

Strategies to Reduce Net Investment Income *and* MAGI

- Sell loser securities held in taxable accounts to offset earlier gains from such accounts.

- Gift soon-to-be-sold appreciated securities to children or grandchildren and let them sell the securities to avoid including the gains on your return. But beware of the Kiddie Tax, which can potentially apply until the year your child or grandchild turns age 24. Talk with your tax adviser to ascertain if the Kiddie Tax might be an issue in your case.

- Instead of cash, gift appreciated securities to IRS-approved charities. That way, the gains won't be included on your return If possible, defer gains subject to the 3.8 percent tax by making installment sales or Section 1031 like-kind exchanges.

Strategies to Reduce Net Investment Income

- Select a method for determining deductions allocable to gross investment income that will maximize such deductions and thereby reduce your net investment income. Your tax adviser can help find the best method.

- If possible, become more active in rental and business activities (including those conducted through partnerships and S corporations) to "convert" them from passive to non-passive by meeting one of the material participation standards. That would make income from the activities exempt from the 3.8 percent tax, because it doesn't apply to income from non-passive business activities (including non-passive rental activities). Ask your tax adviser for details.

To facilitate the preceding strategy, consider taking advantage of the one-time opportunity to regroup activities for purpose of applying the passive activity rules. Once again, your tax adviser can provide details.

Strategies to Reduce MAGI

- Maximize deductible contributions to tax-favored retirement accounts such as traditional IRAs, 401(k) accounts, self-employed SEPs, and self-employed defined benefit pension plans.

  Note: You can make a deductible contribution to a traditional IRA right up until the April 15, 2014 filing date and still benefit from the resulting tax savings on your 2013 return. Small business owners can set up and contribute to a Simplified Employee Pension (SEP) plan for 2013 up until the 2014 due date for their returns, including extensions

If you're a cash-basis self-employed individual, defer business income into 2014 and accelerate business deductions into 2013. Consult with your tax adviser for specific information.

Proactive Planning Can Pay Off

Some of the strategies described above, are doubly effective because they can reduce your regular federal income tax bill as well as the 3.8 percent Medicare tax. If you're self-employed, some of the ideas can amount to tax-saving triple plays because they can also reduce your self-employment tax bill. Finally, they might reduce your state income tax bill as well. However, some of these strategies take time to implement. So talk with your tax adviser *now.* Waiting until later in the year could prove to be too late.

Recruit three new members this year and your 2015 dues will be free of charge.

Hospital Physician Alignments Are Tenuous

By: Jeffrey L. Cohen

Hospitals, particularly those heading ACO development efforts, are quick to say things like "One day, all physicians will be employed by hospitals." Though there is clearly some wisdom under that statement, it's also a remarkable leap of faith.

Three things are clear in this era of healthcare reform: (1) healthcare will be provided to more, but with less; (2) there will be a growing move over time to pass financial risk to providers; and (3) those businesses in a position to control both costs and quality (and some say patient satisfaction) are in a position to both survive and even do better than ever.

This leaves the door wide open as to the form of the business that can succeed. Is it a single specialty mega practice? Is it a multi specialty medical practice? How about a hospital?

It's definitely possible for a hospital to lead the charge, but there are key challenges with that proposition, like:

- Hospitals aren't exactly known for being low cost providers
- They aren't popular places in terms of wellness or prevention
- They tend to be edifice-centric instead of market centric
- They haven't demonstrated a talent for constructing enjoyable and financially aligned collaborations with physicians

The key word here, in terms of physician/hospital relationships, especially into the future, is "aligned." Any physician/hospital endeavor has to ensure that both parties are on the same page.

Hospitals that become low cost providers have something to offer to "partnered" physicians, shared cost savings. By definition, wellness and prevention will have to play a role over time in order for physician/hospital collaborations to bear fruit (e.g. "shared cost savings"). Being focused only on filling beds in a hospital is a sure way for a hospital/physician collaboration to lose. Physicians focus on covering a geographic area. Hospitals need to understand and support that, or they both stand to lose. At the end of the day, if physicians and hospitals cannot construct and achieve viable financial models that align them and reward them financially, the only thing hospitals will have achieved is lots of employees and lots of overhead.

Physicians looking at a hospital collaboration have to make sure it makes good sense! They have to be willing to explore tough issues like—

- What long range plan does the hospital have? Do they even have one?
- Does it seem designed to better manage costs and quality?
- Is there a role for the doctor to help the hospital achieve that and share in the financial benefits of it?
- Does the hospital understand and accept what made the physician's practice successful and will they agree to continue to support it, even if the physician becomes employed?

Key indicators that a hospital may not be on the same page as a physician "partner" include:

- A lack of transparency (e.g. they won't show you their data)
- "Loyalty" requirements that will actually hurt the physician practice (e.g. only being on staff at the employer/hospital or only covering their ER)
- No primary care physicians employed
- No financial models in place that help BOTH the hospital and physician for achieving established goals

Hospitals have a very tough challenge as healthcare delivery evolves to provide more with less. As the highest cost provider in the healthcare chain, they are probably the most vulnerable and have the most to lose. They could be a good partner, but physicians have to be very diligent in examining opportunities to join them.

With over 25 years of healthcare law experience following his experience as legal counsel for the Florida Medical Association, Mr. Cohen is board certified by The Florida Bar as a specialist in healthcare law. With a strong background and expertise in transactional healthcare and corporate matters, particularly as they relate to physicians, Mr. Cohen's practice immerses him in regulatory, contract, corporate, compliance and employment related matters. As Founder of The Florida Healthcare Law Firm, he has distinguished himself and his firm for providing exceptional legal services with the right pricing, responsiveness and ethics. He can be reached at jcohen@floridahealthcarelawfirm.com and at 888-455-7702.

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New Technology, New HIPAA Changes

Posted by Tracey Haas, DO, MPH, Co-founder and Chief Medical Officer of DocbookMD

A new set of HIPAA patient privacy regulations will impact practices and physicians everywhere with stronger legal scrutiny and higher fines in place. The U.S. Department of Health and Human Services (HHS) has updated the final omnibus (http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf) to enhance the security of patient privacy established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Previously, practices have been required to disclose information breaches to patients and the federal government only when the information had been compromised and determined to have notable risk to the patient. With these new regulations in place, any incident that has the potential to breach patient information must be reported. Penalties have been increased up to a maximum of $1.5 million for multiple, similar violations within a calendar year.

Practices and physicians have until the deadline, September 23, 2013, to comply with these new protocols. With physicians increasingly sharing electronic patient information through mobile devices, including laptops and tablets, it remains imperative that precautions be taken to protect both the patient and the physician. Medical practices and physicians should implement a breach avoidance plan and security risk assessment on all activities associated with storing and transferring patient information. In addition, physicians should ensure that information is kept safe with encrypted data on portable devices. Those using mobile devices should be clear on what is their responsibility for keeping protected health information (PHI) secure, and how to avoid a HIPAA breach. The safest tools are those that do not store PHI, thoroughly encrypt any exchanged information, verify the recipients of any communication, and allow for locking the device and/or disabling the tool remotely in the event of a lost or stolen device.

Since HIPAA was enacted over 15 years ago, much has changed within the healthcare field and how patient information is shared. As technology advances, new regulations must emerge with it. Physicians can stay ahead of the curve with proper knowledge and information to safeguard patient data in this evolving digital era.

HOW DO I REGISTER FOR DOCBOOKMD?
Call the Medical Society for your LCMS Membership number - 936-1645

1. Download for **FREE** DocbookMD
   a. iTunes App store or Android Market
2. Click on **I Am new to DocbookMD.**
   a. Enter your email address (the one on file with your Medical Society)
      1. Create a new password for DocbookMD
      2. Answer Sponsor questions
      3. Complete HIPAA agreement (type full name as signature)
      4. Check your email for verification link from DocbookMD, Click to complete
   b. If email entered above is not recognized, follow steps below Select Medical Society from drop-down list
      1. Enter your Medical Society number *(call the office for your number)*
      2. Answer Sponsor questions
      3. Complete HIPAA agreement (type full name as signature)
3. Now login with confirmed email and password
4. Answer "OK" when asked to "Push Notifications"
5. Send your first message!

Please call the Medical Society office if you continue to have difficultly logging in to DocbookMD at 936-1645.

Managing Stress as Healthcare Providers

By Dr. Eudene Harry

As healthcare providers we are trained to recognize stress in our patients and be aware of the negative physiological and psychological impact that stress can have on health. We are familiar with the role of the hypothalamic pituitary (HPA) axis in triggering the release of cortisol and catecholamines from the adrenals that puts the sympathetic system into overdrive thus contributing to symptoms associated with anxiety and stress such as palpitations, tachypnea, diaphoresis, insomnia and anxiety, to name a few. We are beginning to understand how continued exposure to a sea of stress hormones and peptides can increase our patients risk of chronic illnesses such diabetes type II, anxiety, depression, peptic ulcers, musculoskeletal tension and pain and even cardiovascular disorders. Yes, we readily recognize stress in our patients but when the lens of the stress camera is focused on us - can we recognize stress in ourselves?

Even though a recent study published in the Archives of Internal Medicine revealed that one in two physicians surveyed reported feeling emotionally exhausted, a sense of disconnection with their patients and low sense of satisfaction and accomplishment (classics signs of burn out) , many, if asked directly, would deny feeling stressed or anxious. Physicians are not the only ones at risk. A recent study looking at health care providers on the front line of providing medical care showed that they were particularly susceptible to the negative effects of stress and burnout at work. In fact if we look at some top known job related stressors; we can see how we might be susceptible.

Some examples of job stressors are:

- Perceived loss of autonomy and ability to make decisions that affects our patients and ourselves.
- Continued production and performance demands in the same amount of time without additional resources
- Work days that are incredible long or erratic such as working night shift or call
- Too much time away from family thus potentially creating conflicts on the home front
- A sense of getting paid less and less with more and more responsibility
- Being a CAREGIVER!

As physicians and healthcare providers, we often times underestimate the extent of our distress and assume the stance that we can "fix it" ourselves. Here is our dilemma, if we reach out to other professionals or to our colleagues, we feel that we are admitting to being less than "perfect" and remain in fear that we may be judged. How do we reconcile these conflicting thoughts and take the first step to a healthier lifestyle?

Knowing that stress and symptoms of burnout can make us prone to errors, decrease our productivity and increase our health risk, we must be on the lookout for signs of overwhelm that can put the welfare of our patients and ourselves at risk.

Common signs of high stress levels:

- Increased irritability and decreased tolerance towards patients, colleagues, coworkers, family and friends
- Constantly being dissatisfied with work
- Feeling a sense of isolation
- Increased errors and lack of focus
- Emotional and physical fatigue even with adequate sleep
- Increased levels of anxiety and depression
- Insomnia
- Excessive use of alcohol or other substances to "unwind"

When you realize that you are not only dipping your feet in the whirlpool known as stress but also running the risk of being submerged in the turmoil, know that there is credible research that can help you to start taking your life back.

Proven strategies for immediate stress relief:

- Slow deep breaths: Bring the parasympathetic system back online to counteract the effects of the sympathetic system. In 1847, Karl Ludwig made the observation that heart rate increases during inspiration and decreases during expiration. The heart rate variability protocol assessing the health of the autonomic nervous system utilizes 6 breaths in 60 seconds. Slowing the respirations and the concomitant slowing of the heart rate may start convincing the body that the danger has passed and therefore cause a lowering of the stress hormones.
- Remove yourself from the situation. This can include taking a walk or talking to a friend or a colleague or even taking a bathroom break. This may help you to regain some prospective.
- Sleep: Lack of sleep changes the functionality of the brain. This leads to increased irritability and decreased executive functioning of the brain.
- Exercise consistently: This may even include yoga. Mayo clinic and Harvard University sites contain a plethora of information on the benefits of yoga in stress management. One study performed at UCLA specifically looking at caregivers showed that 12 minutes of yoga was able to reduce inflammatory markers and stress levels.
- Don't neglect your social network. Numerous studies tell us that having a strong social network helps us to handle stress better and may even promote longevity

Long Term Solutions:

- Cognitive Behavioral therapy: your thoughts create your feelings which then becomes the filter through which you interpret events. Furmark, et al., utilized PET scan to demonstrate that CBT and SSRI had similar clinical effect on reduction of social anxiety symptoms. Interestingly PET scans of the brain showed a reduction of blood flow to the areas of the brain thought to be involved in fear response- the amygdala and the hippocampus, suggesting less activity. One year later, the CBT group still showed the same reduced flow pattern when exposed to anxiety stimulus with the corresponding clinical benefits.
- Try to identify the stressor. To find a solution you must first locate the problem
- Try to reconnect with why you became a health care provider in the first place. Find the enjoyable parts of your job. If not reassess your skills and interest to explore your options. If you are able to see options then you feel more in control.
- Finally, and perhaps most importantly, ask for help if you need it.

Dr. Eudene Harry is the medical director at Oasis Wellness & Rejuvenation Center, an integrative holistic lifestyle clinic in Orlando, Florida. She is board certified in both emergency and holistic medicine. In Anxiety 101: The Holistic Approach to Managing Your Anxiety and Taking Back Your Life, Dr. Harry provides an overview of anxiety as well as its causes and treatments. Anxiety 101 is available at www.amazon.com.

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CHANGE SERVICE REQUESTED