

Bulletin

Physicians Caring for our Community

Editor: Mary C. Blue, M.D.

Volume 38 Issue 9

November 2014

2014 Meetings & Events

General Membership Meeting November 13, 2014

6:30 p.m.- Social 7:00 p.m. - Dinner/Meeting Cypress Lake Country Club 6767 Winkler Road Fort Myers, FL 33913

PROFESSIONAL RESOURCE NETWORK (PRN) DISCUSSION Speakers:

Penelope P. Ziegler MD, Medical Director RSVP Required

SAVE THE DATE DECEMBER 8, 2014

7:00 p.m. – 11:00 p.m. LCMS ANNUAL HOLIDAY PARTY

Gulf Harbour Yacht & Country Club 14500 Vista River Dr. Fort Myers, FL 33908

Sponsored by: FineMark National Bank & Trust The Doctors Company \$65 per attendee RSVP Required

RSVP to: Lee County Medical Society 13770 Plantation Road, Ste 1 Fort Myers, FL 33912 Tel: 936-1645 • Fax: 936-0533 Email: Valerie@lcmsfl.org

Inserts:

November Meeting Notice Women's Symposium on Cancer Leading Edge/LCMS Insurance Flyer

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LEE COUNTY MEDICAL SOCIETY BULLETIN

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

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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

RETIRED Vincent Belcastro, MD



REACTIVATED
William Silverman, MD (Retired)

New Additional Office Location Peter S. Schreiber, D.O.

Associates in Medical Rehabilitation 9705 Commerce Center Court, #103 Fort Myers, FL 33908

Tel: 239-437-9313 Fax: 1-800-539-5675

NEW APPLICANTS



Samith Sandadi, MD – Dr. Sandadi received his MD degree from the University of Miami School of Medicine, Miami, FL in 2006. He completed a residency at Case Western Reserve University, Cleveland, OH from 2006-2010 and a fellowship in Gynecologic Oncology at Memorial Sloan Kettering Cancer Center, New York, NY from 2010-2014. Dr. Sandadi is in group practice with Florida Gynecologic Oncology, 8931 Colonial Center Drive, Ste 400, Fort Myers, FL 33905 Tel: 239-334-6626.



Sara K. Lane, MD – Dr. Lane received her MD degree from the University of South Carolina, Columbia, SC in 2008. She completed an internship and residency at the University of South Florida, Tampa, FL from 2008-2011. She is board certified in Pediatrics by the American Board of Pediatrics. Dr. Lane is in practice at Lane Pediatrics, 9260 Estero Park Commons Blvd., Ste 100, Estero, FL 33928 Tel: 239-908-3593.



Rajeev Prabakaran, MD – Dr. Prabakaran received his MD degree from University of Miami School of Medicine, Miami, FL in 2006. He completed an internship at Boston University Medical Center, Boston MA from 2006-2007, a residency and fellowship at Boston University Medical Center, Boston MA from 2007-2012. He is board certified in Gastroenterlogy, and Internal Medicine by the American Board of Internal Medicine. Dr. Prabakaran is in group practice at Digestive Health Physicians, 7152 Coca Sabal Lane, Fort Myers, FL 33908 Tel: 239-939-9939.

(continued on page 11)

Dear Colleagues,

Our beloved and most revered Executive Director, Ann Wilke, has announced her intent to retire. As many of you know Ann has held this position for 40 years and during her tenure our medical society has steadily grown and is one of the strongest in the state. She has graciously offered to stay on as long as needed in order to help with the search, hire and training of a new director. She will be greatly missed and we are ever so fortunate to have had her this long. She has always been the quintessential advocate for the medical profession. We will most definitely celebrate Ann and her contributions to our society at a later date.

I can assure you that we are diligently beginning a search and that our transition to a new director will not interrupt present operations. A transition committee has been formed consisting of myself, Audrey Farahmand, Andy Oakes-Lottridge, Shari Skinner and Ann. Barbara Siegel, our CPA, has offered to help guide as she has vast experience with nonprofit organizations. Please direct any potential candidates to the staff office for review.

Sincerely, Peggy Mouracade, MD

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PRESIDENT'S MESSAGE:

by Peggy Mouracade, MD

"The Red-headed Stepchild of Medicine."

As this goes to press, the heated debate regarding the legalization of medical marijuana is in full swing. One of the major sources of contention has to do with the possibility that pot shops may become pill mills. The concern for allowing an avenue for the misuse, abuse and addiction of yet another mind altering substance has been raised. Recently while in discussion with my "non-medical" friends, I was told that one of my colleagues had referred to addiction as the "red-headed stepchild of medicine." A disease that may have resulted by well-meaning actions; however leading to a less desirable condition and often ignored or sidestepped so as not to upset the balance. Even though the flag may be raised, we tend to focus on other disease processes during our office visits with our patients.

Not a single one of us deliberately wants to make a patient an addict but we are just out to help ease the pain and anxiety suffered to allow a better quality of life. Unfortunately, a simple, quick, fail-proof lab test to let us know that this could be a possibility does not exist. Often patients are not forthcoming with this information as they do not want to be stigmatized nor do they not want to jeopardize their supply. We may have a glimpse while taking a family and/or social history. For many of us, our residency training did not include addiction as a disease to diagnose or to treat. Fortunately, this has been recognized and addressed so that our recently trained colleagues and those now in training will be better equipped to deal with this ever-growing patient population.

Current thought is that addiction can be considered as a complex interaction between genetic and environmental factors. The World Health Organization provides a model that recognizes three basic elements of the disease: (1) a susceptible host, (2), a toxic agent, and (3) a permissive environment. There have been studies to support a genetic tendency particularly to alcohol. Much effort has been spent in trying to identify the specific gene and so far it has been accepted that there is a genetic polymorphism within the D2 dopamine receptor gene, more specifically the A1 allele of the gene for the dopamine (D2) receptor that tends to be more prevalent in the addicted population. One hypothesis is that the A1 allele codes for a lower density of D2 receptors resulting in an inherited deficit in brain reward mechanism. There is also convincing evidence that psychological and social factors can increase the risk of future substance abuse and addiction. Social development and adjustment factors also play a role in substance abuse and addiction.

Substances of abuse target the brain reward pathway, which is made of neurons that release chemicals when they are stimulated. This release leads to subjective feelings of well-being. The brain reward system evolved to sub-serve activities essential to species survival such as sexual acting and feeding behavior and also to promote survival by rewarding behaviors necessary for continued survival. Drugs of abuse stimulate this "brain reward" pathway in a similar fashion but at a much higher rate causing an increase in intensity resulting in the feelings of being "high". Those that are susceptible to addiction have a defect in this pathway and subsequently their brain reward system becomes "hijacked" resulting in driving compulsory use to the exclusion of other adaptive activities. Tolerance develops which begins a vicious circle of destructive behaviors in order to achieve and sustain "the high". I realize that this is a simplistic explanation, while researching this topic; I have developed a greater appreciation for the specialties of neurology, psychiatry and pain management. I am sure that anyone who desires more detailed information or explanation can reach out to our colleagues who specialize in those areas.

This month is our last general membership meeting. The speaker is Dr. Penelope Ziegler, MD who is the Medical Director and CEO of the Provider Resource Network (PRN) of Florida. The PRN program serves to support the impaired healthcare professional. Unfortunately, we, too, tend to treat our colleagues suffering from this disease as "red-headed stepchildren." Please consider attending the meeting as I believe that she will provide much needed information and resources. November Meeting will be held at the Cypress Lake County Club, 6767 Winkler Road, Fort Myers, FL 33913, November 13, 2014 at 6 p.m. Social time, 7 p.m. Dinner & Speaker.



Recruit three new members this year and your 2016 dues will be free of charge.

MED STATS

FLORIDA STATEWIDE MEDICAID MANAGED CARE PROGRAM COMPLAINT FORM

If your office is receiving a lot of complaints from patients about their Medicaid Managed Assistance plan, please give them the information below to file a complaint with the AHCA.

If you have a complaint about Medicaid Managed Care Services, click the blue button below.

Or

Copy and paste this link in your browser:

https://apps.ahca.myflorida.com/smmc_cirts/

The LCMS membership was recently represented by the LCMS staff at the City of Cape Coral Tony Rotino Senior Center at their Wellness Health Fair on October 23, 2014. The staff met the community by handing out the pictorial directory, and information regarding the LCMS Speakers Bureau, HAPP Program and encouraging the community to nominate someone deserving of an award with our Annual Medical Service Awards Program. Networking in this way builds the Medical Society referrals and builds opportunities to grow our partnership with vendors and sharing information to the general public about our communities' physicians. From this event we received support for our Awards Ceremony in January 2015. M. Roth of Cape Coral won our door prize of a beautiful orchid planter.

The Tony Rotino Senior Center has served Cape Coral for the past 32 years. The Tony Rotino Senior Center is located within the Yacht Club Community Park. The center provides many life enhancing opportunities, activities and events geared toward the senior citizens of our community. The staff is committed to encouraging personal growth, fostering new friendships and helping individuals maintain independent, healthy lifestyles.



FEDERAL APPEALS COURT VACATES INJUNCTION AGAINST FMA TORT REFORM **LEGISLATION**

On Oct. 10, the United States Court of Appeals for the Eleventh Circuit vacated Judge Robert Hinkle's declaratory judgment order and injunction against the enforcement of legislation passed by the FMA to ensure equal access to crucial fact witnesses in medical malpractice cases. In Murphy v. Dulay, Judge Hinkle ruled that the presuit requirements in Florida Statute §766.1065 – that the plaintiff execute a written authorization form for release of protected health information – is preempted by the Health Insurance Portability and Accountability Act (HIPAA). The Eleventh Circuit, in an opinion by Judge Frank Hull, disagreed with Judge Hinkle's preemption analysis and held that the Florida statute does not make it impossible for a plaintiff's treating physician to comply with HIPAA and does not stand as an obstacle to fulfilling the purposes and objectives of HIPAA. Given the ruling of the Eleventh Circuit, this key piece of tort reform legislation passed by the FMA in 2012 stands and will give defendant physicians in medical malpractice cases the ability to talk alone with plaintiffs' treating physicians – access that they were denied under the previous law. Click here (http://www.flmedical.org/ uploadedFiles/FMA/News/Alerts/Opinion101014.pdf) to read the opinion.

From FMA New 10-28-14

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LCMS WELCOME OUR NEWEST FRIEND IN MEDICINE

The Lee County Medical Society is allowing its members to unite, creating a single, large, fully-insured entity under Florida Blue. Offered through the Marion County Medical Society Insurance Trust Fund and supported by Leading Edge Benefit Advisors, LLC, this Multiple Employer Welfare Arrangement (MEWA) has been used by several other Florida medical societies to create similar, successful plans for their members. Results have been impressive, a trend expected to actually improve given the anticipated impacts of Health Reform.

TOGETHER, WE ALL BENEFIT:

Enjoy Economies - By bringing practices together as a single large group, everyone benefits from large employer economies and flexibility

- 11 medical plan designs are offered.

Cost Management - Because of added flexibility in designing plan provisions, the program has numerous cost-saving measures to better control long-term cost.

- Smaller practices avoid the pitfalls of Health Reform (ACA) Changes to the community rating system for small group plans make benefit management more cumbersome and costly for groups with less than 50 lives. The full insured MEWA can help solve these challenges.
- Larger practices become even larger the larger the number of participants in a health insurance plan the more predictable the claims and therefore the less volatile the premiums. Large claims have less overall impact as well. The plan is also very efficient in helping larger employers meet the health reform requirements. Numerous large practices participate in the MEWA today.

Everyone participates in the good years - Although fully insured, the program includes a large group premium sharing arrangement that mandates that a portion of the premium is returned to the society plan in good years - these funds can be used to further stabilize costs.

ENROLLMENT OPEN NOW!

Don't miss the opportunity to get involved in this exciting new program! **Don't delay, contact us now!** For more information contact:

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2336 Surfside Blvd., Suite 121, Cape Coral Mon. - Fri. 9 a.m. to 5 p.m.

Lee County Medical Society Nominations for 2015 Officers

The following slate of nominations for the 2015 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 13, 2014 General Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating him or her from the floor.

BOARD OF GOVERNORS

President: Andrew Oakes-Lottridge, MD (elected 2014)

President-Elect: Shari Skinner, MD

Secretary: Rick Palmon, MD **Treasurer:** Jon Burdzy, DO

Past President: Peggy Mouracade, MD

Newly nominated BG Members-at-Large

Lynn Einbinder, MD (2017) Cherri Morris, MD (2017)

Previously elected Members-at-Large:

Joanne Carioba, MD (2016) Kultar Singh, MD (2016) Daniel de la Torre, MD (2015) E. Trevor Elmquist, DO (2015) Paul Makhlouf, MD (2015)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

LEGISLATIVE COMMITTEE

*Stuart Bobman, MD

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS

*Darius Biskup, MD, Chair (2017)

Newly nominated EJA Members:

Craig Sweet, MD (2017) Krista Zivkovic, DO (2017)

Previously elected EJA Members:

Elizabeth Cosmai-Cintron,MD (2016) Tracy Vo, DO (2016) Jacob Goldberg, MD (2015) Steven Guterman, MD (2015)

DELEGATES/ALTERNATES TO THE 2015 FMA ANNUAL MEETING

FMA Delegates

Stuart Bobman, MD
Jon Burdzy, DO
Joanna Carioba, MD
Stefanie A. Colavito, MD
Elizabeth Cosmai-Cintron, MD
Daniel de la Torre, MD
Valerie Dyke, MD
Raymond Kordonowy, MD
Richard Macchiaroli, MD, Chair
Peggy Mouracade, MD
Jeffrey Neale, MD
F. Rick Palmon, MD
Shari Skinner, MD

Alternate

James H. Fuller, MD



We wish to thank the physicians leaving our Board who gave their time and decision making for the Medical Society.

From the Board: Valerie Dyke, MD

From the Committee on Ethical and Judicial Affairs: Kultar Singh, MD

^{*} EX-OFFICIO MEMBERS OF THE BOARD OF GOVERNORS.

VASCULAR ACCESS CENTERS: A COMPLEX PICTURE

By: Jeffrey L. Cohen The Florida Healthcare Law Firm

Vascular access centers are a common ancillary service offered by a variety of physicians, mostly nephrologists. They provide a unique setting for patients requiring interventional vascular services in connection with things like oncology, dialysis, nutritional delivery, wound healing, pain management and more. Unlike many surgical services, however, they are typically not provided via a surgery center, but rather as part of (and inside) the physician's practices.

Establishing VACs in Florida typically involves compliance with corporate laws, "in office surgery" regulations and applicable self referral laws. Since VAC reimbursement is generally better in an office setting than an ASC setting, they are normally established as a "physician practice." bringing in non-physician owners (such as large dialysis providers) will trigger the need to obtain health care clinic licensure (HCCL). Moreover, structuring the ownership will the corporate partner).

typically involve formation of a limited liability company with either (1) multiple physician owners, or (2) a physician ownership group, plus a corporate owner/manager. Control and restrictive covenant issues are particularly important, especially when a corporate "partner" is involved. Normally, when the corporate partner invests a substantial amount of money, the physician owners give up a certain degree or leverage and income (e.g. via a management contract with Self referral issues typically arise in light of the Florida Patient Self Referral Act of 1992 (PSRA) and the so called Stark Law. On the set up side, physicians need to consider applicable structure restrictions BRINGING TO REAL ESTATE

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and patient notice requirements. On the sale side, corporate owners are sensitive to the Investment Interest Safe Harbor and Sale of Practice provisions which drive not only structure (typically a new corp, since the VAC is often intertwined with a physician practice(s)), but also the amount of ownership help by physician owners.

On the "back end," many corporate dialysis companies are looking to purchase existing VACs that are entirely physician owned. Typically, those transactions involve the corporate entity buying a controlling interest. Owner physicians negotiating for certain control rights will be essential. Physician also need to consider the "enterprise value" of the transaction, in the sense that these transactions not only entail the purchase of a going concern (the VAC), but also professional service fees (the value of which, over the long haul, can outstrip the ownership profit) and lease income. In many instances, VACs derive income from not only facility fees, but also professional fees (where the interventionalist) is employed. Finally, given how many VACs are intertwined with medical practices delivering a variety of services, disentangling the VAC from the practice can be tricky.

On a scale of 1-5, with 5 being highly complex, the establishment of VACs are a solid 3 (since the legal and business issues closely resemble those of surgery centers), but their sale or joint venture is a solid 5.

With nearly 30 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 involves him in regulatory, contract, corporate, compliance and other healthcare law related matters. As Founder of the Florida Healthcare Law Firm, Mr. Cohen can be reached at 888-455-7702 or online at <u>icohen@floridahealthcarelawfirm.com</u>.





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UNLICENSED ACTIVITY

The Florida Department of Health's Unlicensed Activity (ULA) Program protects Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from an unlicensed person. The Division of Medical Quality Assurance (MQA) investigates and refers for prosecution all unlicensed health care activity complaints and allegations. In many instances, unlicensed activity is a felony-level criminal offense. More importantly, receiving health care from unlicensed people is dangerous and could result in further injury, disease or even death.

In fiscal year 2012-2013, the Department received 661 unlicensed activity complaints. Of those complaints, 596 were referred for investigation, 183 resulted in cease-and-desist notices, 79 individuals were arrested, and 9 individuals were convicted.

The ULA unit works in conjunction with law enforcement and the state attorney's offices to prosecute individuals practicing without a license. For instance, in a joint operation between the West Palm Beach Unlicensed Activity Unit and the Martin County Sheriff's Office, Lynette Blake of Stuart, Florida was arrested and sentenced to 15 years in prison for posing as a medical doctor. Blake went to extreme measures to deceive patients by creating fake medical school transcripts and diplomas to prove her credentials.

The ULA unit proactively performs public outreach, but as licensed health care practitioners your help is crucial to educate others. The Department has several resources to combat unlicensed activity:

- Consumers are encouraged to use the Department's website, www.flhealthsource.gov, where they can conveniently view the license information on their health care practitioner.
- Complaints may be filed anonymously by completing and mailing the complaint form on the Florida Department of Health's website, or by calling 1-877-HALT-ULA (425-8825).

The LCMS introduced a new series of articles chronicling the "Life of a Resident" with the LMHS Medical Residency Program. Last month our article was by Dr. Sharry Farag. Please follow along with our physicians and reflect their life as a resident verses what you remember from your own residency.

LIFE AS A RESIDENT

Dr. Lee Coghill, Resident Physician, LMHS Medical Residency Program

I left the cold white north in the middle of a blizzard in the worst year for snowfall in recent history. I parked my car in the middle of a snowdrift because there were no spaces at the airport parking lot and my pregnant wife and I trudged through the deep snow to wait on the shuttle to take us to the airport. It was -20° F. The next thing I remember is beautiful blue skies and palm trees and a sign that read 80° F. My wife was instantly sold on Fort Myers considering the 100° shift in weather and I'm sure many others end up in Fort Myers for similar reasons. I, however, was drawn to the Florida State University Family Medicine Residency Program for many different reasons.

I have now completed 3 months of my first year of residency and have not once regretted my decision to rank this program at the top of my list. The palpable excitement I felt on my interview is still evident to this day. The support of our faculty, staff and this community has been overwhelming in my endeavor to become a family physician.

Life as a resident has been an interesting transition. Uprooting my wife and infant son to a location far from family and friends was an intimidating prospect. I admit I was also anxious about starting a demanding program that would consume most of my time and energy. Within my first month of moving here my wife and I became involved in our local church which has been a great source of support for our transition to Fort Myers. I have so far been able to balance being a youth leader at the local church, the demands of medicine and family life. I can't say I have much extra time on my hands, but I thoroughly enjoy the opportunity to build relationships with so many great people who have been a blessing to me and my family.

Life in Fort Myers has been filled with opportunities so far. I have had the incredible experience volunteering with the football team at Bishop Verot High School, standing on the sidelines for their Friday night games. I have thoroughly enjoyed learning from a variety of physicians in various offices and locations including FGCU for my sports medicine rotation. I have endured the onslaught of Respiratory Syncitial Virus (RSV) and even caught it myself during my month on pediatrics at HealthPark Medical Center. I have spent a month at Lee Memorial Hospital and I have begun following patients in my clinic from a newborn with jaundice to a young 94 year old for her regular check up.

This is the reason I came here, not to get sick with RSV, but to develop my own skills as a physician to be able to care for patients of all ages. I came to practice the full scope of medicine and develop longstanding relationships with patients, educating them in preventative care and healthy living. I have really only scratched the surface of everything this residency program has to offer, but I wake up every day excited for the challenges ahead and am excited to continue volunteering and being a part of this wonderful community.

Lee Coghill, M.D.

FSU Family Medicine Residency Program @LMHS

PHASE 2 HIPAA AUDITS COMING FALL 2014 - IS YOUR BUSINESS READY?

By: Jacqueline Bain, Florida Healthcare Law Firm

Section 13411 of the HITECH Act authorizes and requires the Department of Health & Human Services Office for Civil Rights ("OCR") to provide for periodic audits to ensure that covered entities and business associates comply with the HIPAA Privacy and Security Rules. OCR conducted its first round of those audits in 2011 and 2012, and has announced that it will begin a second phase. Unlike the first phase of audits, which were limited to covered entities, both covered entities and business associates are intended to be audited during this second phase.

How will audited businesses be selected?

This fall, OCR will deliver pre-audit surveys to between 550 and 800 covered entities. OCR is attempting to obtain a fair snapshot of all covered entities, so these pre-audit surveys will be sent to health care providers, health plans, and health clearinghouses. Moreover, the audits will span the gamut of business sizes, from large corporations to solo practitioners. After pre-audit surveys are returned, OCR will randomly select 350 of those covered entities for a full audit. As a part of these full audits, covered entities will be asked to identify their business associates. OCR will then select 50 business associates to participate.

How will audits be conducted?

This particular phase will be conducted by desk audits. On one hand, this is less disruptive to your business because there is no site visit. On the other, however, your business will not have the same level of access to the auditors to casually ask questions and gain insight. In fact, OCR has stated that it will not allow businesses to ask questions or seek clarifications regarding requested information.

How long will your business have to respond to audit requests?

Your business will have twenty days from receipt of the audit notification letter to respond to OCR. Documentation that is submitted late will not be considered. In the event that a business does not submit responsive information to the audit may be referred for a compliance review with a regional office of OCR.

What types of information will the audit seek?

Audits will focus on particular requirements of the HIPAA rules identified as problem areas in Phase 1 and specific subsets of covered entities and business associates. However, the proposed scope of the audits is still extensive. OCR will look to whether your business has engaged in regular risk analyses and reviews for information breaches; timely notifications of breaches (where appropriate); employee training; secure transmissions of protected health information; reasonable safeguards of information; and controls on releases of information.

What should my business do right now to prepare for an audit?

Start with the following:

- Confirm that your business has in place a policy and procedure for complying with HIPAA's Privacy, Security and Breach Notification Rules, and that your employees are following such guidance.
- Confirm that your business has recently completed a risk assessment and has addressed all action items raised by that assessment.
- Be sure that your employees are trained in HIPAA compliance
- Review your files for updated business associate agreements.
- If you are a healthcare provider, review your Notice of Privacy Practices to make sure it is up to date.

If you are particularly worried that your business is out of compliance, you might contact your attorney in order to gain insight about how to come into compliance.

Where can I get more information about the audit process?

OCR is in the process of updating its audit protocol online to reflect the new requirements implemented through the January 25, 2013, final rule and will post it to the OCR website. Once it is posted covered entities and business associates can use the updated protocol to complete their own internal compliance assessments.

Ms. Bain of the Florida Healthcare Law Firm is a healthcare attorney licensed exclusively in New York and has specific experience with compliance and negotiating and analyzing healthcare contracts. She can be reached via email at Jackie@FloridaHealthcareLawFirm.com or by calling 561-455-7700.

To make our LCMS Newsletter "The Bulletin" successful, we rely on our membership to contribute articles and present information that would benefit our membership. If you would like to write an occasional article or begin writing a monthly column in the newsletter, please give our office a call or email Valerie at Valerie@lcmsfl.org. Some examples could be, a dining experience, a travel adventure, staying connected through the internet technologies, etc. Let us know your topic of discussion.

8 Tips to Survive the Marathon of a Physician Career

STEVE ADELMAN, MD KEVINMD, COM

Many physicians are discouraged by the state of medical practice in 2014. Maintaining job satisfaction and well-being for the duration of a decades-long medical career can be as daunting as completing an uphill marathon. In addition to keeping up with the explosion of medical knowledge and maintaining certification in your specialty, what concrete practices can you adopt to insure that you will make it to the finish line in good form? Consider these strategies, all beginning with the letter "M."

Mentors. Make use of mentors and coaches! Allow the wisdom and experience of others to guide you throughout your career. Senior physicians, informal mentors, and professional coaches who are trained to help keep practicing physicians in optimal shape are invaluable sources of assistance. Avoid the temptation to go it alone; follow this dictum from Ecclesiastes throughout your career: "Two are better than one."

Means. Live within your means! Although few professions are as gratifying and meaningful as the practice of medicine, don't assume that it will enrich you. Manage and minimize debt, and avoid the lifestyle "arms race."

Move your muscles. Regular and frequent exercise is essential to health, mental acuity, well-being, and stress management. Prioritize regular exercise: the time you invest will pay huge dividends over the course of your career.

Master mindfulness or stress management. Medicine is a high-stress profession, a combination of mild-to-moderate chronic stresses punctuated by intermittent, acute stresses. Learning and adopting validated techniques such as mindfulness-based stress reduction helps physicians to develop and maintain resilience in the face of the tense vicissitudes of everyday practice. The Center for Mindfulness at the University of Massachusetts Medical School is a pioneer of this approach, which has been shown to be effective both for health care providers and patients with various chronic medical conditions.

Medical and mental health care. Make use of them. Physicians are not invincible; we suffer from the full range of medical problems, including mental and addictive disorders. When you aren't feeling right, seek the appropriate help. Seek help early from qualified generalists and specialists, and obtain help as a patient, not on the fly from a well-meaning friend or colleague. If you aren't well, don't go to work until you are better — you're a public safety professional!

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In Memory of Dr. Hubert Loyke 1923-2014

In light of Dr. Hubert Loyke's sudden passing, I would like to take the opportunity to express our graditude for his many years of volunteering in Lee County. Dr. Loyke volunteered at Senior Friendship Centers for 21 years at the Health Services Clinic. He also volunteered at the Red Cross and Lee Memorial for several years. We are thankful for his love of this community and proud of his example in volunteering. He will be truly missed.

by Julie Ramirez, Health & Wellness Director for Senior Friendship Centers

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November 2014

8 Tips to Survive the Marathon of a Physician Career

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Mix it up. Although every physician should be a master of the profession, daily practice has the potential to become tedious unless you develop strategies for mixing it up. Doing the same thing day after day and year after year is sometimes stultifying. Figure out how to inject variety into your work day and into the course of your career. Remember that physicians do not live by medicine alone. Develop interests, passions, and pastimes outside of medicine that are engaging and satisfying, and that differ substantially from the daily grind.

Minimize risky behavior. Many physicians sabotage their careers by misusing psychoactive substances, social media, or violating boundaries with patients or staff. Play it safe and never assume that risky behavioral choices will go unnoticed.

Mensch. Be one! Urban Dictionary defines the Yiddish word mensch as "someone to admire and emulate, someone of noble character." Be a role model, and don't let the ego strength that many physicians develop over the course of our careers give way to egotism and arrogance. Maintain and sustain warm connections to friends and family, and utilize these connections to talk about the things in life that most matter.

Clearly, it is far easier to write and read about these strategies than to implement them across the board. You might start by identifying the "M" opportunity that speaks to you. As your medical marathon progresses, adopt a strategy of ongoing personal quality improvement. See you at the finish line.

Steve Adelman is director, Physician Health Services, Inc., a corporation of the Massachusetts Medical Society. This article originally appeared in What Works For Me.

NEW APPLICANTS (continued from page 2)



Nina N. Nordgren, MD – Dr. Nordgren received her MD degree from VCU/Medical College of Virginia, Richmond, VA in 2010. She completed an internship and a residency at Virginia Commonwealth University Health Systems, Richmond, VA from 2010-2014. Dr. Nordgren is in group practice with Southwest Florida Eye Care, 6850 International Center Blvd., Fort Myers, FL 33912 Tel: 239-768-0006.



Loraine K. Endres, MD – Dr. Endres received her MD degree from Ohio State University, Columbus, OH in 1995. She completed an internship and a residency at the University of Pennsylvania, Philadelphia, PA from 1995-1999 and a Maternal Fetal Medicine fellowship at Northwestern University, Chicago, IL from 1999-2002. She is board certified by the American Board of Obstetrics and Gynecology in Obstetrics and Gynecology and Maternal Fetal Medicine. Dr. Endres is in group practice with Maternal Fetal Medicine of SWFL, 8270 College Parkway, Ste 205, Fort Myers, FL 33919 Tel: 239-333-3826.

News-Press Debate On Amendment 2

The News-Press hosted a town hall meeting in downtown Fort Myers, six advocates on the issue — three for the amendment 2 passage and three against — explained their positions to a crowd.

On the pro side: attorney John Morgan, the face and pocketbook behind United For Care, the organization that got the Amendment 2 referendum on the ballot; nurse Denise Glass, representing the Service Employees International Union; and Cathy Jordan, an ALS patient who uses medical marijuana.

On the con side: Charlotte County Sheriff Bill Prummell; Dr. Jonathan Daitch, interventional pain physician and member of the Lee County Medical Society; and Jessica Spencer, statewide coalition director for Vote No On 2.



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