

**April 2015**

## 2015 Meetings & Events

### RETIRED MEMBER LUNCHEON APRIL 23, 2015

11:30 a.m. – 1:00 p.m.  
Lee County Medical Society  
13770 Plantation Road, Ste 1  
Fort Myers, FL 33912

**RSVP Required**

### SKYBOX SUITE FOR BASEBALL GAME!!

### CHARLOTTE VS MIRACLES APRIL 11, 2015 - 6:05 P.M.

A/C, cash bar, food served from  
5:45 p.m. through 6<sup>th</sup> inning, outside  
seating available, grassy play area  
available for children.

### RSVP by April 8, 2015

We can invoice you for charge cards  
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13770 Plantation Road, Ste 1  
Fort Myers, FL 33912  
Tel: 936-1645 • Fax: 936-0533  
Email: [valerie@lcmsfl.org](mailto:valerie@lcmsfl.org)

### Inserts:

Behavioral Health Services in  
Lee County  
Miracles Baseball Flyer  
Resolution Form  
Pictorial Directory Membership  
Update  
Baptist Health Symposium (CME)

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*LCMS Bids a Fond Farewell to Ann Wilke*

LEE COUNTY MEDICAL SOCIETY  
BULLETIN

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## PRINTERS

The Print Shop

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

## NEW PRACTICE

**Randall Buss, MD**  
**George Comas, MD**  
**Paul DiGiorgi, MD**  
**Brian Hummel, MD**

LPG Cardiothoracic Surgery  
9981 S HealthPark Drive, Ste 120  
Fort Myers, FL 33908  
Tel: 239-343-6341  
Fax: 239-343-6342

## PRACTICE NAME CHANGE

**Michael Novotney, MD**  
**Abraham Sadighi, MD**  
Vascular & Vein Center @ Gulf Coast Surgeons



## RETIRED

Michael Carlino, MD - (*Member since 1979*)

## RESIGNED

Carlos Cuello, MD  
Michael Strickland, DO

MEET & GREET WITH 2015  
BOARD OF GOVERNORS

## WHO:

LCMS RETIRED PHYSICIANS

## WHAT:

A luncheon is planned for  
the LCMS Retired Physicians of  
the Lee County Medical Society

## WHEN:

April 23<sup>rd</sup>, 2015  
11:30 a.m. – 1:00 p.m.

## WHERE:

Lee County Medical Society Office  
13770 Plantation Road, Ste 1  
Fort Myers, FL 33912

RSVP by April 20<sup>th</sup>, 2015

## NEW APPLICANTS



**James K. Johnson, MD** – Dr. Johnson received his MD degree from Meharry Medical College, Nashville, TN in 1969. He completed an internship at Detroit General Hospital, Detroit, MI from 1969-1970, a residency at Wayne State University, Detroit, MI from 1970-1971 and Yale University, New Haven, CT (Otolaryngology) from 1973-1976. Dr. Johnson is a volunteer at the Senior Friendship Center.



**Richard H. Partin, MD** – Dr. Partin received his MD degree from the University of South Florida, Tampa, FL in 2002. He completed an internship at the University of Virginia, Roanoke, VA from 2002-2003, a residency at Monmouth Medical Center, Long Branch, NJ from 2004-2008 and a Neuroradiology fellowship at the University of Miami, Miami, FL from 2008-2009. He is board certified in Diagnostic Radiology and Neuroradiology by the American Board of Radiology. Dr. Partin is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.



**Nosheen Mazhar, MD** – Dr. Mazhar received her MD degree from Punjab University, Fatmia Jinnah Medical College, Lahore, Pakistan in 1989. She completed internships at Mayo Hospital and Lady Wellington Hospital, Lahore, Pakistan from 1990-1992. Dr. Mazhar completed a residency at the University of North Dakota, Fargo, ND from 1996-1999 and a fellowship in Rheumatology at the University of Minnesota, Minneapolis, MN from 2007-2009. She is board certified in Internal Medicine and Rheumatology by the American Board of Internal Medicine. Dr. Mazhar is in group practice with Internal Medicine Associates, 13813 Metro Parkway, Fort Myers, FL 33912 Tel: 239-936-1343.



**Bishal B. Rawal, MD** – Dr. Rawal received his degree from B.P. Koirala Institute of Health Sciences, Nepal in 2004. He completed a residency at The Jewish Hospital, Cincinnati, OH from 2006-2009 and a fellowship in Nephrology at Penn State University, Milton S. Hershey Medical Center, Hershey, PA from 2010-2012. He is board certified by the American Board of Internal Medicine in Nephrology. Dr. Rawal is in group practice with Associates in Nephrology, 7981 Gladiolus Drive, Fort Myers, FL 33908 Tel: 239-939-0999.





## PRESIDENT'S MESSAGE

by Andrew Oakes-Lottridge, M.D.

### Marijuana quality testing?

It seems like we just can't get away from this topic, as it enters the discussion at almost every LCMS board meeting.

Like most of us, I to am watching with interest as the political debate shapes up on the legalization of marijuana for the second year in a row. Like many of you, I'd prefer they just leave the medical aspect, debatable as it is, out of the discussion. Legalize it or don't legalize it, but why can't Tallahassee just leave us out of it? The simple answer is that the path to recreational legalization in the 4 states that currently have it, was preceded by medical legalization first, and thus that is the road map advocates are following.

In March there was a report on NPR that brought to light another aspect that really shouldn't have been surprising, but highlights another easily neglected aspect of the debate. So far, Washington and Colorado lead the pack with formalized rules on testing marijuana after folks started getting sick last year in Colorado from suspected fugal contamination. Another common contaminant is butane which is used to extract the THC from the marijuana buds.

As it is, there is still no uniformity in the testing or for any printed labels of potency on the packages for example. Furthermore, different parts of the same plant can apparently vary in THC content, averaging 30-40%, which is 3-4x higher then in the 1980's. Another fact of which I was not aware is that as the THC content goes up, the cannabidiol content which is responsible for many of the acclaimed medical benefits, goes down.

Does anyone else see a problem here? The FDA only now is getting food labels standardized, how long do you think it will take them to formalize testing methods and standards for marijuana? More then likely, we'll just stumble along making changes as we go. Fortunately, this is also a problem for the legislature and not the Florida Medical Association, and one more reason to skip the all to familiar pattern of medical marijuana on the road to recreational legalization.

I guess we'll just have to stay tuned as the legislative session continues.

### **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 outstanding services and products.



## RESIDENT LIFE

By Dr. Olevia Metry, M.D.

I was in my cozy apartment one night in Detroit, Michigan after a long day at work. I decided to call my good friend Sherry Farag, who is a second year resident at the Family Medicine Residency program in Fort Myers. "Oh how I wish I was a part of your program" I said. Little did I know, but my wish was soon to come true! I was raised in Clearwater, FL and spent all my life there before moving away for medical school. Medical school took me away from the sunshine state and I had very little hope in returning until after all my training was over. It was a great learning experience for me to be away. My first winter coat, my first snow boots, my first white Christmas, my first blizzard (which is apparently not just an ice cream concoction at Dairy Queen), etc. Those were some brand new experiences that this Floridian would've never been through had I not moved away.

Though I was happy in my old program, I was ecstatic when Sherry told me there was an open position I could apply to. Within days of applying, I was talking to the program director, Dr. Gary Goforth, about coming down to Fort Myers for a visit. It all happened very quickly and I made the transfer by the beginning of February. In no time, the entire city of Fort Myers has turned into what I now call home. During my first month, I moved into my new beautiful apartment near the beach, attended many orientations at the Lee Memorial Hospital System, and made so many great friends. Fort Myers reminds me of what Clearwater was like when I was growing up. I love the outdoors and the feel of this city and can see myself settling here for the long run.

As for the Florida State University program, I couldn't have chosen a better place to train. Everyone who's a part of the residency is a great example of what a caring family physician should be. They're all kind-hearted people who care so much about the well-being of our community. I also love how they prioritize education and create a great learning environment for our young doctors to grow in. I am confident that I will become the best physician I can be and fulfill my potential after my training here. I'm very excited to be here and want to personally thank Lee County for the warm welcome home. Your people are just as warm as the forecast!

**Behavioral Health Services in Lee County - List enclosed with Bulletin.**



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## ELECTRONIC MEDICAL RECORDS MAY CAST PHYSICIANS IN UNFAVORABLE LIGHT DURING LAWSUITS

By Keith L. Klein, MD, FACP, FASN

While the electronic medical record (EMR) has advantages, it also has introduced liability risks. EMRs can lead to lawsuits or result in a weak defense by casting the physician in an unfavorable light.

For example, examine these exchanges in a recent malpractice trial:

- *Plaintiff Attorney*: Doctor, if the emergency renal consult was called in at 11:30, why did you wait until 6 PM to see the patient, during which time his kidneys became severely damaged?
- *Doctor*: I did see the patient within 30 minutes.
- *Plaintiff Attorney*: Where does it show that in the chart?
- *Doctor*: Uh...it doesn't, I guess. I saw the patient but wrote the note later.
- *Plaintiff Attorney*: So you claim you saw this critically ill patient in 30 minutes, spent one hour evaluating him, but did not document your findings for another six hours?

And later in the trial:

- *Defense Attorney*: But the lab record shows that the kidney function was declining...
- *Judge*: [interrupting] The physician notes state each day that kidney function was normal. How do you explain that in the face of deteriorating kidney function? Why would a physician write that, unless he hadn't looked at the lab testing or the patient?

EMRs can increase malpractice risk in documentation of clinical findings—copying and pasting previously entered information can perpetuate any mistakes that may have been made earlier.<sup>1</sup> Incorrect information is the most common user-related contributing factor in malpractice cases involving EMRs, according to a study by The Doctors Company of EMR-related closed claims from 2007 to 2013.

In the study, 15 percent of cases involved pre-populating/copy-and-paste as a contributing factor. Copy-and-paste is a necessary evil to save time during documentation of daily notes, but whatever is pasted must also be edited to reflect the current situation. Too often the note makes reference to something that happened “yesterday.” For example, the sentence “Patient presented to ED with chest pain yesterday...” is pasted over the next two weeks in the daily progress note. An even more telling example is a sentence like “Patient’s admitting lab is normal...” being perpetuated while the actual creatinine levels rise every day.

In one case, the judge commented about copy-and-paste issues: “I cannot trust any of the physician notes in which this occurred and the only conclusion I can reach is that there was no examination of the patient... it means to me that no true thought was given to the content that was going into ‘the note.’”

Checkboxes, particularly those that pre-populate, can be a physician’s nemesis. It’s easy to click on checkboxes, and often they are pre-checked in templates. EMRs have been presented in court that show, through checkboxes, daily breast exams on comatose patients in the ICU, detailed daily neurological exams done by cardiologists, and a complete review of systems done by multiple treating physicians on comatose patients. Questioning in court as to how long it takes to do a review of systems and a physical examination, the patient load of the physician for that day, and how many hours the physician was at work cast doubt on the truthfulness of the testifying physician. A time analysis showed that

there was no way the physician could have accomplished all that was charted that day.

In one case that typifies how to impeach a doctor, it was clear that the doctor spent eight hours at work and, accounting for lunch, spent a little over seven hours seeing patients. But the total time it was documented that he spent on each patient would have required his time at work to be 15 hours.

As one judge stated in court: “This medical record is simply not believable. I don’t know whether to fault the hospital, the company that wrote the software, or the physician, but the only one on trial here is the physician. In medical malpractice, the record must speak for itself, but this record is worse than silent. It is egregious.”

Notes can also be problematic. One issue that frequently comes up is the actual time the patient was seen. It is the accepted practice, especially on teaching rounds, to see all patients and then write notes at the end of the day. The EMR will automatically date and time-stamp the physician’s note as the time the note was created. This gives a misleading impression of when the patient was actually seen, and in a rapidly changing clinical situation, the note may not accurately reflect the patient’s clinical condition at the time the physician actually saw him. Therefore, it’s important to state in the note the specific date and time that the patient was seen and examined.

Reading an EMR is like taking a drink out of a fire hydrant—it is bloated with repetitive data, and critical findings can easily be missed. Copying information such as entire x-ray reports and lab data into notes only adds to this problem. Because the details of the chest x-ray can easily be looked up, the x-ray should only be summarized in the note, such as, “chest x-ray normal except for right upper lobe infiltrate consistent with a viral pneumonia.”

The fundamental mantra when writing a note in an EMR is to show that you put thought into the record. Discrete data, though strongly favored by IT professionals and insurance companies, does not accomplish this. Free-text entry of three or four sentences can convey far more information than several pages of template-driven notes and will reflect that you saw the patient and put thought into the note.

All these common EMR issues—incorrect information, copy-and-paste, and poor note-taking—cast doubt on the integrity of the doctor and the medical record. While the doctor may not have committed a clear-cut act of malpractice, these types of issues in the medical record cast the doctor in an unfavorable light in front of a judge or jury.

### Reference

1 Mangalmurti S, Murtagh L, Mello M. Medical malpractice liability in the age of electronic health records. *N Engl J Med*. 2010; 363:2060-2067. <http://www.nejm.org/doi/full/10.1056/NEJMhle1005210?viewType=Print&#.> Accessed December 8, 2014.

Keith L. Klein, MD, FACP, FASN, is Clinical Professor of Medicine, David Geffen School of Medicine at UCLA.

Contributed by The Doctors Company



# Ann Wilke Retires after Many Years Serving Physicians



The LCMS bids farewell to Ann Wilke with a party at the Gulf Harbour Yacht & Country Club on March 19, 2015. LCMS members, spouses, family and those throughout the community came to thank Ms. Wilke for her many years of leadership and service to her community. Dr. Lee Howington presented Ann with a caricature. Mariquita Anderson, past LCMS President presented Ann with a crystal vase. Lisa Tritel, current LCMS Alliance President, announced many of the past Alliance Presidents and they each gave Ann a rose to place in her new vase. Dr. Andy Oakes-Lottridge presented Ann with a check gifted from those who donated monies for her. Ann will be missed here at the Medical Society and we wish her the very best wishes in her next 40 years.







### 40 Years of Fun, You are the Best

Thank you to the Members of the LCMS, to Dr. Peggy Mouracade, and to the LCMS Staff-Julie, Valerie, and Marian, for such an awesome party for my retirement at the Gulf Harbour Yacht Club on Thursday, March 19th. For those of you who might be confused about my gift, it did not include money from the Society Treasury or a trip to the Cayman Islands. What was included was gifts from you - the Members - and that is awesome. A BIG thank you to the Sponsors of the event.

Wasn't that a wonderful presentation by the Alliance! They are wonderful to work with and represent you in many different ways. Encourage them to continue to be the BEST in Florida, they are a great asset. You, as members of the Medical Society, must stick together to make changes for the future. Stay strong and build your membership.

I have enjoyed working for you these past 40 years. Together we have faced many issues and worked to make Lee County Medicine the best for our people. Thank you for the many opportunities you have given to me. It has been my pleasure to represent you.

Thank you,

Ann



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# TELEMEDICINE AS A GROWING PRACTICE MODEL

By Til Jolly, MD

Healthcare in the United States is often compromised by fragmentation in its delivery, limited patient access due to a shortage of primary care doctors, long wait times (even for patients who have appointments), and spiraling costs.<sup>1</sup> As a result, innovative approaches to delivering healthcare are becoming increasingly important in America's continued pursuit of improved outcomes and reduced cost of care.

Healthcare delivery models such as telemedicine aim to address the long wait times and high administrative costs associated with traditional care and offer important insights for improving the healthcare process.

By definition, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.<sup>2</sup> Although telemedicine is rapidly expanding, it is a concept that has existed for more than half a century. At its basic level, telemedicine is a physician talking on the phone to a patient or another physician. Today, the term telemedicine includes remote physician consultations through channels such as texting, video, e-mail, and other wireless tools.<sup>2</sup> Ultimately, the goal is to connect a physician with a patient to provide a diagnosis and recommend treatment options.

The U.S. population is getting older and more patients are dealing with chronic conditions. The result is an increasing demand for care. Unfortunately, communities across the country are simultaneously experiencing physician shortages. The Association of American Medical Colleges estimates that the U.S. will face a shortage of more than 130,600 physicians by 2025.<sup>3</sup> The use of telemedicine has the potential to provide some relief from this shortage, which is expected to be equally distributed among primary care and medical specialties such as general surgery, cardiology, and oncology.

Telemedicine can be a cost-effective way to monitor patients, promote better health habits, and provide patients with access to healthcare professionals beyond the walls of their local hospitals and health practices. Telemedicine can help with urgent requests to see a physician as well as more routine follow-up appointments and visits specifically for prescription refills.

Although telemedicine has a lot to offer America's health system, physicians must carefully consider when to incorporate it into the continuum of care. According to The Doctors Company, the nation's largest physician-owned medical malpractice insurer, the following are some potential risks providers should be aware of:

- **Telemedicine can pose challenges for the traditional physician-patient relationship.** Office visits allow time for conversations that build relationships and have a positive impact on care. Personal relationships matter in healthcare, and patients need engaged care providers to become engaged themselves. Done properly, telemedicine provides connection, communication, and continuity that can enhance patient care and the physician-patient relationship. Consider developing strategies to ensure patients understand how telemedicine improves their medical care.
- **A physician cannot perform the onsite portions of a physical exam.** Not having a physician on-site to perform a physical examination can mean inaccuracies from patient self-reporting and missing additional findings that may only be caught in person. These risks should be communicated to the patient and documented very clearly in the medical record. In some settings, local onsite support personnel can be part of a complete telemedicine program. The literature increasingly supports inclusion of telemedicine in many practice settings.
- **Telemedicine is very dependent on technology.** It relies on equipment like examination cameras, remote monitoring devices, and surgical robots. If the equipment is inoperable, patient safety and health are at risk. Faulty technology or equipment may cause a physician to act on inaccurate information or prevent the physician from facilitating adequate or continuous care.
- **Be aware of privacy, security, and patient confidentiality.** It's important to remain HIPAA-compliant. Physicians interested in integrating telemedicine into their practices should ensure patient data files are encrypted to prevent a data breach or cyberattack, clearly define proper protocol for webcams and web-based portals, and ensure there is a mechanism in place to protect the privacy of individuals—including staff members, other patients, or patients' families—who do not want to be videotaped if sessions are being recorded.

Managing the social aspects of telemedicine can be challenging, but telemedicine has the potential to support a stressed delivery system by increasing patient access to care, improving outcomes, and reducing healthcare costs.

## (Endnotes)

1 Health Care Delivery System Reform. The Commonwealth Fund. <http://www.commonwealthfund.org/grants-and-fellowships/programs/health-care-delivery-system-reform>. Accessed September 5, 2014.

2 What is Telemedicine? American Telemedicine Association. [http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#/VAIPv\\_IdWS0](http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#/VAIPv_IdWS0). Accessed September 5, 2014.

3 Physician Shortages to Worsen Without Increases in Residency Training. Association of American Medical Colleges. [https://www.aamc.org/download/153160/data/physician\\_shortages\\_to\\_worsen\\_without\\_increases\\_in\\_residency\\_tr.pdf](https://www.aamc.org/download/153160/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf). Accessed September 4, 2014.

Contributed by The Doctors Company



## CAMPAIGN AIMED AT HELPING HEALTH CARE PROFESSIONALS MAINTAIN CREDENTIALS IN FULL SWING

By: Florida Department of Health

**TALLAHASSEE** – The Florida Department of Health is making a push to remind health care practitioners to report continuing education/continuing medical education (CE/CME) requirements prior to renewing their licenses. By preparing for this new requirement health care professionals can avoid renewal delays.

“The department continues to find ways to reduce regulatory burden so health care professionals can focus on providing patient care,” said Surgeon General and Secretary of Health Dr. John Armstrong. “Because the law now requires medical professionals to report their specific continuing education credits at the time of license renewal, the Florida Department of Health has provided an online reporting system to make the transition as seamless as possible.”

The CE/CME electronic tracking system, powered by CE Broker, records licensees’ credits and prompts completion before renewing a license. The system is designed to be convenient and to simplify the reporting process. Health care practitioners can check the status of their CE/CME hours at any time by visiting:

<https://appsmqa.doh.state.fl.us/mqaservices/login.asp?mult=&pass=Y>.

Starting with license renewal cycles in 2015, health care practitioners must report continuing CE/CME course hours to renew their licenses, as required by the Florida Legislature. The first groups of health care practitioners to report include dietitians, nutritionists, nutrition

counselors and registered respiratory therapists, certified respiratory therapists, and respiratory practitioners (both critical and non-critical care). Licensees in all professions have received information over the past two years explaining their upcoming requirements.

To view Surgeon General and Secretary Dr. Armstrong’s video message about the “Are You Renewal Ready” campaign, please visit <http://youtu.be/dKscaPyWSXM>.

Working in conjunction with 22 boards and six councils, the Division of Medical Quality Assurance (MQA) regulates seven types of facilities and 200-plus license types in more than 40 health care professions. MQA evaluates the credentials of all applicants for licensure, issues licenses, analyzes and investigates complaints, inspects facilities, assists in prosecuting practice act violations, combats unlicensed activity and provides credential and discipline history about licensees to the public.

The department works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at [@HealthyFla](https://twitter.com/HealthyFla) and on [Facebook](https://www.facebook.com/HealthyFla). For more information about the Florida Department of Health please visit <http://www.floridahealth.gov>.

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From left: Kate Wagner, O.D.;  
E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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# 58<sup>TH</sup> THOMAS ALVA EDISON KIWANIS SCIENCE & ENGINEERING FAIR

By: Tim Jones, Science Fair Judges Coordinator, Fort Myers Kiwanis

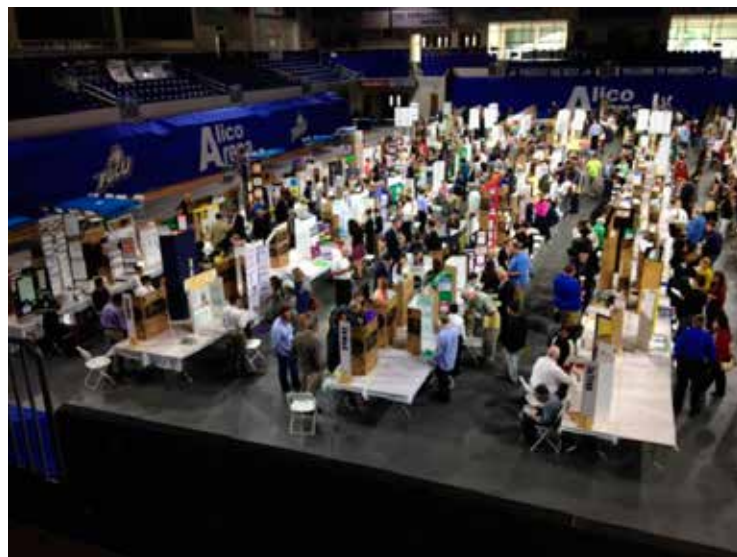
The Science Fair was a success again this year. We were back in the Alico Arena with FGCU as the host. It is a great facility and really contributes to the overall experience. There were about 345 students from Lee and Charlotte Counties competing in the 58<sup>th</sup> Annual Thomas Alva Edison Kiwanis Science and Engineering Fair. These were all winning projects from their individual school competitions at middle and high schools and also included private schools, charter schools and home schooled students. We also had the largest number of volunteers for judges that we have ever had. As always, the medical community was a key supporter of the effort with more than 20 medical professionals volunteering their time to judge these outstanding students.

The top award winners were:

Senior Division: Best of Fair: Maxwell Norleans, Fort Myers High  
1<sup>st</sup> Runner-Up: Jay Chandar, Canterbury High  
2<sup>nd</sup> Runner-Up: Melissa Marchese, Canterbury High

Junior Division: Best of Fair: Caylee Hill, Murdock Middle  
1<sup>st</sup> Runner-Up: Xavier Caangay, St. Francis Xavier  
2<sup>nd</sup> Runner-Up: Luke Long, Canterbury Middle

Science Fair in progress and the awards table at the awards ceremony:



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## The Florida Bladder Institute is Seeking Patients for the Uphold Lite Study

The Uphold LITE Post-Market Study is a prospective, non-randomized, parallel cohort, multi-center study of Uphold LITE vs. Native Tissue for the treatment of women with anterior/apical pelvic organ prolapse.

### **Patients may qualify for the Study if they:**

- Are Female and have been diagnosed with pelvic organ prolapse (POP)
- Have had a total hysterectomy
- Are 18 years of age or older

Patients will be compensated - see website

To refer a patient, please have them call my office at **(239)449-7979** and ask for Anne Wilson, my study coordinator.

**Thanks for your consideration**

**Joseph Gauta, MD**  
**Board Certified in Urogynecology**  
[www.FloridaBladderInstitute.com](http://www.FloridaBladderInstitute.com)



## RIISING NUMBER OF MEASLES CASES CREATES NUMEROUS PATIENT SAFETY ISSUES

As more measles cases are diagnosed, physicians should implement effective screening protocols, infection control techniques, and patient education to reduce liability risks and promote patient safety. Since initial presenting symptoms of measles are similar to those of upper respiratory infections, measles may be misdiagnosed before a patient presents with the familiar red rash.

Exposure to measles in a medical office or facility is a serious patient safety issue because of the potential for complications from the disease, including death. The disease is airborne and extremely contagious. An infected individual is considered contagious from four days before to four days after the rash appears. The rash usually appears 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days.

Your practice can reduce liability risks and promote patient safety by:

- Developing screening protocol for patients calling in with symptoms of upper respiratory infections and measles. Staff should query the individual regarding exposure to known measles cases, travel abroad, and immunization status.
- Documenting all discussions with patients and parents of minors regarding measles, including the risks and benefits of inoculation. When patients/parents decline measles immunization, consider using an informed refusal form: [http://www.thedoctors.com/ecm/groups/public/@tdc/@web/@kc/@patientsafety/documents/form/con\\_id\\_001221.pdf](http://www.thedoctors.com/ecm/groups/public/@tdc/@web/@kc/@patientsafety/documents/form/con_id_001221.pdf). Patients who contract measles and claim that their physician never discussed inoculation represent a potentially significant liability.
- Providing serologic testing for immunity, when necessary, and documenting all related discussions with patients who are unsure of their immunity status against measles.
- Ensuring that immunization tracking is up to date and well documented in the medical record.
- Complying with state laws for the provision of vaccines to healthcare workers. For more information, go to <http://www2a.cdc.gov/nip/statevaccapp/statevaccsapp/default.asp>.
- Advising those who may have come in contact with an infected individual to contact their physician immediately.
- Ensuring that office staff members are trained to use personal protective equipment and proper isolation techniques.

Follow these tips if you or your staff suspects a patient has measles symptoms:

- Minimize the risk of exposure to others by admitting the patient through a separate entrance and isolating him or her in an exam room. If possible, schedule the patient at the end of the day. The exam room should not be used until the following day since the virus can live on surfaces for up to two hours. Keep the exam room door closed.
- Place a surgical mask on the patient and ensure that all office staff members wear protective equipment.
- Follow standard disinfection and sterilization procedures for exam rooms.
- Report suspected cases to the local health department.
- Consider making post-exposure prophylaxis available to those who have been exposed. Post-exposure vaccination can be effective in preventing measles in some individuals. As an alternative, Immunoglobulin, if administered within six days, can offer some protection.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit [www.thedoctors.com/patientsafety](http://www.thedoctors.com/patientsafety).

## CLEVELAND CLINIC CME'S AVAILABLE

Cleveland Clinic Florida would like assist Internal Medicine physicians and residents who are preparing to take their boards. They will be able take their boards with confidence by attending our 6th Annual Internal Medicine Board Review from May 30, 2015 – June 3, 2015 at the DoubleTree by Hilton in Sunrise, Florida.

This symposium is led by our Cleveland Clinic Florida faculty whose residency program has consistently held a pass rate for the boards of 96%-100%. This is the highest pass rate held in Florida!

This conference will provide the internist with a general review of all aspects and specialties in internal medicine. Medical experts will provide comprehensive didactic sessions over a 5-day period on a wide range of general medicine and specialty subjects in internal medicine. Presentations will have question and answer sessions designed to simulate board examination. An anonymous audience response system will be used to collect and display participant answers to help facilitate areas for further discussion. There will be several special "High Yield" sessions geared to those sitting for the Internal Medicine Board Certification Examination as well as evidenced-based concepts that can be incorporated into the daily practice of medicine.

The conference is designed to prepare internists for the board examination, while simultaneously providing the practitioners with an update and general review of the most current knowledge and practices in internal medicine. For more details, please visit our website at [www.ccfme.org/goIMBR](http://www.ccfme.org/goIMBR)

### BCHC is Seeking a Florida Licensed Physician

Bonita Community Health Center is seeking a Florida licensed physician with emergency room and/or primary care, and pediatric experience for its Urgent Care Clinic. The position is classified as full time, 32 hours per week, with full benefits including medical, dental, vision, life insurance, 401k with employer match, and a generous paid time off plan. Schedule can be flexible, with day shifts and no on-call requirements. The clinic is open Monday through Friday from 7a-7p and Sat/Sun 8a-4p. Bonita Community Health Center is owned in partnership with Lee Memorial Health System and Naples Community Hospital.

Interested physicians may forward CV to Larisa Zadorecky, Director of Physician and Employee Relations at [lz@bchcfl.com](mailto:lz@bchcfl.com). For general information, see the website at [www.BCHCFL.com](http://www.BCHCFL.com).

## Lee County Medical Society

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### CHANGE SERVICE REQUESTED

#### LCMS Collecting Toiletries for Charities

While you are away on vacation or business trips, please remember to collect your unused toiletries items from the places that you are staying. You can drop them off at our Medical Society office and they will be distributed to local charities. Your help is appreciated!

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