

**Grace Ramirez  
smiles after she  
retrieves a fly ball  
at the Miracles vs.  
Charlotte game!**



## LEE COUNTY MEDICAL SOCIETY BULLETIN

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## Inserts:

Resolution Form

May Meeting Notice

Kiwanis Kool & Science Fundraiser

## Physician News

### New Practice

**Ronald Gardner, MD**  
**Christopher Dawson, MD**

Gardner Orthopedics

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Fort Myers, FL 33916

Tel: 239-277-7071

Fax: 239-277-7071

### New Address

**Lawrence Antonucci, MD**  
16451 HealthPark Commons Drive,  
Ste 200  
Fort Myers, FL 33908  
Tel: 239-343-6577

### Retired

Randall Cowdin, MD

### Resigned

Thomas Jacob, MD  
Keith Susko, MD

### Membership dropped for non-payment

J. Bert Davis, MD  
K.C. Deva Caanthan, MD  
Sam Edwards, MD  
Barrett Ginsberg, MD  
Lorraine Golosow, MD  
Barry Haicken, MD  
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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 meetings minutes are available for all members to review.

## Upcoming Event

**SAVE THE DATE!**  
**LCMS Alliance Springfling**  
**June 27<sup>th</sup>, 2015**  
**Home of**  
**Drs. Andrew & Denise Oakes-Lottridge**





## President's Message

by Andrew Oakes-Lottridge, M.D.

### Medicaid expansion in Florida, not perfect but how can we say no?

Returning from a recent military drill weekend, I had the rare opportunity to read the New York Times from cover to cover. Between work & kids, I'm sure many of you can understand what a luxury it is to have the time to actually read the paper. An article caught my attention, about our dear governor suing the United States government for coercion tactics in trying to pressure him to adopt the expansion to Medicaid. Really?

Here's a little refresher, and please forgive me if my exact numbers are a bit off but I'm sure you'll get the idea. Obamacare includes tax credits to help people afford health insurance if they make less than 400% of the federal poverty income level, more generous subsidies if one makes less than 250% of poverty, and a federal expansion of Medicaid would cover those making less than 138% of poverty. Unfortunately without the Medicaid expansion those individuals under 138% of poverty who also do not qualify for Medicaid (currently only covering indigent children and pregnant women for the most part) are being left out in the cold in states like Florida today.

As far as I can understand it, the refusal of some states like Florida to expand Medicaid and accept the federal funds that come with it is based largely upon political views, concerns over budgetary supports in the future, and some fundamental resistance to federal programs. No doubt, there are some huge debates that need to be had on how to fund and structure health care, both now and in the future when the federal subsidies to the states for expanded Medicaid coverage begin to shrink.

Okay, so I'm not an expert on state or national healthcare policy, but like most of you reading this I am a doctor taking care of patients. When Obamacare first came out I was hopeful that volunteer clinics like the Senior Friendship Centers would become obsolete. Everybody would get picked up by Medicaid, be able to afford with the help of a subsidy other health insurance, or be in that group of individuals that already had private health insurance. Anyone who thinks we don't need an extension of Medicaid needs to come and spend the day at the Senior Friendship Center clinic and meet some of the patients who work hard, do not qualify for any government assistance, and yet are truly unable to

afford not only their medications but even a visit to their doctor's office.

I was hopeful when Governor Scott changed his mind in 2013 and stated that while he was not any more of a fan of the Affordable Care Act, he was willing and begrudgingly accepting of federal funds to expand Medicaid. Something must have happened this month to change his mind again. His concern over the federal government's ability to pay the long term costs of increased Medicaid coverage seem to have scared him away. Unfortunately that decision might cut our state off from other federal health care dollars to the tune of \$2 billion in federal hospital aide. This is \$2 billion of federal funding that the state of Florida stands to lose right now if we do not expand Medicaid. Governor Scott's response? Sue the federal government.

While I know there are many of us who are opposed to Obamacare for many different reasons, it seems to me that the expansion of Medicaid and acceptance of current federal funding is a decision we would simply be irresponsible not to accept to provide the best care to our citizens today. ♦

### 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.



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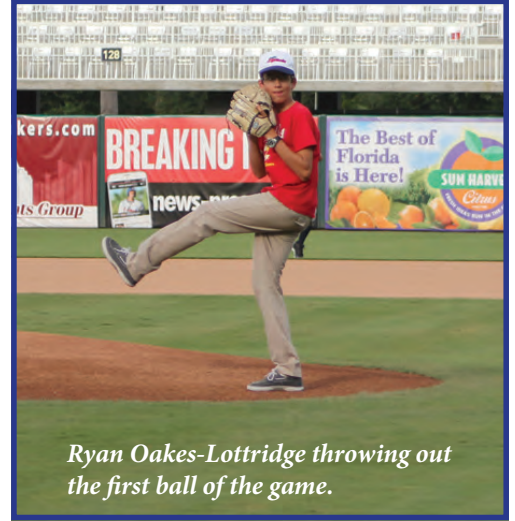


## The LCMS Hosted a Skybox Suite Fun Night at the Ballpark April 11th, 2015

The Fort Myers Miracles rallied past the Charlotte Stonecrabs with a 4-3 final 11th inning score.

LCMS members and their families and friends enjoyed a fun time on Saturday, April 11th, 2015 at the Hammond Stadium watching the Fort Myers Miracles VS the Charlotte Stonecrabs from the Skybox Suite. Food and drinks were provided throughout the game.

Grace Ramirez, daughter of our Executive Director Julie Ramirez, retrieved a fly ball. She was very excited and it made for a memorable day. The Miracles gave a replica of their National Florida State Champion ring to each ticket holder as they entered the ballpark. ♦



Ryan Oakes-Lottridge throwing out the first ball of the game.



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## 2015 FMA BILL WATCHLIST

| Title  | Bill # Sponsor                                 | Position | Notes   |
|--|--|----------|---|
| <b>Fail First</b>  | HB 863 Harrison<br>SB 784 Gaetz                | SUPPORT  | Allows physicians to override fail-first/step therapy if patient meets certain criteria   |
| <b>OB Ward Closure</b>                                   | HB 161 Burton<br>SB 634 Stargel                | SUPPORT  | Provides a 120 day notice to ob physicians before closing ob dept.  |
| <b>PRN public records</b>                                | HB 141 Renuart<br>SB 144 Bean                  | SUPPORT  | Public records exemption for contact info of impaired practitioner consultants and employees  |
| <b>Telehealth</b>  | HB 545 Cummings<br>SB 478 Bean                 | SUPPORT  | health practitioners practicing telehealth must be FL licensed and must practice only to the extent of their scope  |
| <b>ER Balance Billing</b>                                | HB 681 Trujillo<br>SB 516 Bean                 | SUPPORT  | Prohibits PPO and HMO balance billing   |
| <b>Health Insurance Exchange</b>                         | SB 7044 Health Policy                          | NEUTRAL  | Create FHIX for AHCA and provides for development of a long-term reorg plan   |
| <b>Abuse-Deterrent Opioids step-therapy</b>              | HB1021 Nunez<br>SB 728 Benacquisto             | NEUTRAL  | Health insurers cannot impose prior auth or step-therapy of opioids   |
| <b>RX Use of Opioid Antagonists in</b>                   | HB 751 Gonzalez<br>SB 758 Evers                | NEUTRAL  | Providing for the prescribing of opioid   |
| <b>ARNP Prescribing/ Independent Practice</b>            | HB 547 Pigman<br>SB 614 Grimsley               | OPPOSE   | <u>ARNP independent practice &amp; prescribing controlled substance prescribing by ARNPs &amp; PAs</u>  |
| <b>Direct Primary Care</b>                               | HB 7047 Health (PCB Innovation, HIS2) Costello | NEUTRAL  | Concierge or retainer based model for primary care; defines direct primary care agreement and providers; Gaetz will most likely sponsor   |
| <b>Physical Therapists</b>                               | HB 515 Cummings<br>SB 710 Grimsley             | OPPOSE   | Removal of 21 day period to see physician   |
| <b>Order Medication</b>                                  | HB 281 Pigman<br>SB 532 Grimsley               | OPPOSE   | Clarifies that Pas and ARNPs can order controlled substances in hospital  |
| <b>Pharmacy intern / full CDC List of vaccinations</b>   | HB 279 Pigman<br>SB Bean                       | NEUTRAL  | Allows full CDC list of vaccinations to be administered by pharmacists  |
| <b>Disciplinary complaints at BOM</b>                    | HB 689 Pritchett<br>SB 730 Ring                | OPPOSE   | 3 <sup>rd</sup> complaint in 10 year period to BOM is evidence of probable cause and then must be heard by full board instead of PC panel   |
| <b>Patient Compensation System</b>                       | HB 1109 Pigman<br>SB 1200 Brandes              | OPPOSE   | Provides exclusive remedy for personal injury or wrongful death from medical injury; creates Patient Compensation System; determination of compensation with sufficient proof of medical injury |
| <b>Truth in Damages</b>                                  | HB 1199 Metz<br>SB 1240 Richter                | OPPOSE   | Providing the calculation of an award of damages for certain health care services paid or owed by a claimant or a governmental or commercial insurance payor                                    |
| <b>PIP Clinics</b>                                       | HB 1127 Sullivan<br>SB 1306 Bradley            | NEUTRAL  | Revising requirements for a health care clinic to receive certain insurance reimbursement   |
| <b>Repeal expiration of Pain Management Clinics regs</b> | HB 4017 Spano<br>SB 450 Benacquisto            | SUPPORT  | Allows the pain management clinic regs to remain in effect after the 2015 expiration date   |
| <b>Medical Marijuana</b>                                 | HB 683 Steube<br>SB 528 Brandes                | NEUTRAL  | Medical marijuana- allows patients & caregivers to purchase, acquire and possess medical-grade marijuana;   |
| <b>Low-THC Cannabis</b>                                  | SB 7066 Regulated Industries                   | NEUTRAL  | Revising illness and symptoms for which Dr. can order low-thc cannabis  |
| <b>Child Protection Teams</b>                            | HB 1055 Harrell<br>SB 760 Bradley              | SUPPORT  | Out-of-state physicians obtain specified certificate to provide expert testimony in criminal child abuse cases regarding mental injuries  |
| <b>Needle Exchange</b>                                   | HB 475 Edwards<br>SB 1040 Braynon              | SUPPORT  | Um sterile needle and syringe exchange pilot  |



## Lee Memorial Health System's Family Medicine Residency Program Celebrates 2nd Match Day and Filling of All Residency Positions!

By Gary Goforth, M.D

Excitement filled the air as the faculty, residents, and staff celebrated the results of our second National Residency Matching Program (NRMP) Match Day on Friday, March 20, 2015 in the classroom of the Family Medicine Residency Center of Lee Memorial Health System! Southwest Florida's newest residency program was pleased to have filled its six first-year resident positions through the NRMP Match process used by the majority of residency and fellowship programs throughout the country.

"We are extremely pleased with the progress made in developing our new residency program over these past 3 years. Our faculty and residents are now caring for many patients in the program's GME Clinic and inpatient medicine service at Lee Memorial Hospital," says Founding Program Director and Clinical Professor of Family Medicine at the Florida State

University College of Medicine, Gary Goforth, M.D. "We are honored to play a role in developing the careers of Southwest Florida's future primary care physicians. I am extremely pleased with the quality of our applicants and the level of interest our program has received. When the new interns begin on June 23, 2015, we will have all 18 positions filled in our three year training program. We expect the majority of these residents to continue practicing in southwest Florida after graduating from the residency program."

Lee Memorial Health System received over 1,500 formal applications through the Electronic Residency Application Service for its six PGY-1 positions. Many other potential applicants requested the program's minimum criteria for interviews, but did not apply since they did not meet the minimum criteria based

on USMLE licensing exam scores, time since graduation from medical school, time in the US and healthcare experience, and ECFMG certification. The residents and faculty interviewed 54 of the top applicants. "We are blessed not only to have filled all of our positions on Match Day, but to have filled them with our top applicants," says Gary Goforth, M.D. "I am confident in our new residents. In them I see great character, a strong work ethic, the desire to work as a team, a heart for the underserved, and a strong medical knowledge base."

The family medicine residency program is based at Lee Memorial Hospital with the Florida State University College of Medicine as its institutional sponsor. It was developed to combat an expected national shortage of primary care physicians compounded by an increase in population growth. Among the fastest growing regions in the state, the population grew by more than 40 percent in Lee County between 2000 and 2010. A recent study commissioned by the Safety Net Hospital Alliance indicated a projected shortage of 263 family physicians by 2025 in southwest Florida.

Most physicians set up practice near the location where they complete their residency training, making the ideal candidate someone such as Clint Walls, a local student who also plans to practice in the community. Walls, of Cape Coral, completed a rotation at the Family Medicine Center located at Lee Memorial Hospital, and later served on a medical mission trip to Honduras with Founding Program Director, Dr. Gary Goforth. "I am thrilled to be able to return home to train and eventually practice in this area" explains Walls. He was absolutely thrilled to match into the program on Match Day and will begin training on June 23, 2015!

New first year residents: Ashley Wallace, of Pittsburgh, PA (family in Cape Coral); Tyler Hendricks, of Jacksonville, FL; Alim Karim, of Scarborough, Ontario; Shane Drahos, of West Palm Beach, FL; Greg Stepp, of Deland, FL, and Clint Walls, of Cape Coral, FL; will begin their residency on June 23, 2015. ♦



**Family Medicine Residency Program**

|  |  |   |
|--|--|---|
|  <p><b>Ashley Wallace</b><br/>Drexel University College of Medicine</p> |  <p><b>Tyler Hendricks</b><br/>Windsor University School of Medicine</p>    |  <p><b>Alim Karim</b><br/>St. George University School of Medicine</p> |
|  <p><b>Shane Drahos</b><br/>Saba University</p>                         |  <p><b>Gregg Stepp</b><br/>Florida State University College of Medicine</p> |  <p><b>Clint Walls</b><br/>Ross University School of Medicine</p>      |

*Lee Memorial Health System also has six third-year residents and six second-year residents now training in the residency program:*

- Roy Klossner, M.D.; Lucia Huffman, M.D.; James Toldi, D.O.; Sherry Farag, M.D.; Jack Arnold, M.D; and Chelsey Scheiner, M.D. anticipate graduation in June 2016.
- Olivia Metry, M.D.; Alyson Lewis-Sanchious, M.D.; Lee Coghill, M.D.; Elizabeth Midney-Martinez, M.D.; Carl Nyberg, M.D., Mohammad Ayaz Sadat, M.D. anticipate graduation in June 2017.

## Resolutions to FMA Annual Meeting

**FROM:** Richard Macchiaroli, M.D., LCMS Delegation  
Chair to the FMA Annual Meeting

**SUBJECT:** Resolutions to FMA Annual Meeting  
Disney Yacht & Beach Club Resort  
Orlando, FL July 31 – August 2, 2015

We are making preparations for the Annual Florida Medical Association Meeting and need your help.

It is with your ideas, comments and suggestions that we go armed to the FMA to state your case. The Delegation has some of its own concerns but we need to hear from all of you so that we can take the full breadth of experience and concerns to the meeting.

I am requesting that you exercise one of your most important duties as a member of the LCMS and that is to put in writing ideas you have that will help organized medicine represent you in effecting change that will allow you to better serve your patients. In your daily practice you have things that bother you or you see ways in which we as physicians could improve the delivery of health care. Please, write them down and forward them by May 15, 2015 to the Lee County Medical Society, 13770 Plantation Road, Ste 1, Fort Myers, FL 33912 or Fax: 936-0533.

You will find a form for writing your resolution included in the May Bulletin. If you have difficulty expressing your idea in this format don't worry. Simply send your idea to [jramirez@lcmsfl.org](mailto:jramirez@lcmsfl.org) for a resolution and we will do the rest. Thank you for your efforts.

## Lee County Medical Society Delegation

**FMA Annual Meeting – July 31 – August 2, 2015**  
**Disney Yacht & Beach Club Resort**  
**Orlando, FL**

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Stefanie Colavito, MD

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F. Rick Palmon, MD

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**FMA ANNUAL MEETING 2015**

We would like to encourage our membership to become active by getting involved and offering your concerns and suggestions and help make a difference in medicine.

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E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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## 'Doc fix' headed to president's desk after easily clearing Senate'

By Paul Demko

### The perennial doc fix debate is nearly history.

The Senate voted overwhelmingly on Tuesday to permanently repeal Medicare's despised sustainable growth-rate formula for paying doctors, ending more than a decade of legislative gridlock on the issue.

The 92-8 vote staved off a 21.2% cut in payments to doctors one day before the CMS was set to begin processing claims at the reduced rate. President Obama has indicated that he will sign the legislation, ending a cycle of 17 consecutive short-term fixes.

The SGR package sets up a new two-track payment system for doctors that's designed to prod them to move more of their patients into risk-based payment models. Doctors that qualify for the alternative payment track will receive higher reimbursement rates starting in 2019.

The legislation also extends the Children's Health Insurance Program by two years and allocates \$7.2 billion in additional funding for community health centers. In addition, it includes an array of policy and financing provisions that will have ramifications for healthcare providers, including a six-month delay in enforcement of the CMS' controversial "two midnights" payment policy for short hospital stays.

"When the history of Medicare is written people are going to look back and say this was an important day," said Sen. Ron Wyden (D-Ore.), the ranking member of the Finance Committee, speaking on the Senate floor on Tuesday.

The House passed the SGR package last month by an overwhelming majority,



a rare show of bipartisanship. The deal was cooked up behind closed doors by House Speaker John Boehner and Minority Leader Nancy Pelosi.

Only about one third of the \$200 billion-plus package was offset by corresponding spending reductions. Those cuts were split roughly evenly between financial hits to providers and increased costs for wealthier Medicare beneficiaries.

That failure to pay for the entire package angered conservative Republicans.

Democrats were upset by the failure to re-authorize CHIP for four years and by the increased costs for Medicare enrollees.

A half dozen amendments were offered during the floor debate to address those concerns, but each of them failed. That included an amendment from Sen. Mike Lee (R-Utah) that would have required Congress to pay for the entire package. It was defeated by a 58-42 margin, with 12 Republicans joining all Democrats in voting against it.

Any changes to the bill would have required that it be sent back to the House for adoption. Boehner had warned the Senate not to force that scenario with the clock ticking down.

"We cannot let the perfect be the enemy of the good on this bipartisan compromise," said Sen. Orrin Hatch (R-Utah), chair of the Finance Committee, during the debate over amendments.

When it came time to vote, most senators put their reservations aside and embraced the opportunity to finally eliminate the Medicare payment formula that was originally enacted in 1997.

"It represents a real step forward for bipartisan healthcare policy," Hatch said. "It's a monumental achievement." ♦



## The Ramirez Report

### Survey Says!

At our April 25, 2015 Strategic Planning Meeting with Dr. David

Kelley, 8 members of leadership sat down together to compile our hopes and dreams for the future of our Society. After 4 hours of learning what we are doing well, what we should stop doing, and what may be missing that we should

be doing, we came up with 10 goals for this year! You will be interested to know that the #1 goal on the list is to find out the direction that members want the Society to be going in. In order to determine this, we will be sending out a survey to our members. Please take the time to complete this survey, our direction as a Society is depending on your responses. As an incentive, we are going to be giving

out a \$25 Visa gift card to 2 lucky winners! ~Julie ♦





## Ledge King: High cost of health care affects Floridians

By Ledyard King, FLORIDA TODAY

The high cost of health care is prompting a significant number of Floridians to put off treatment or not buy prescription medicines, a new study concludes.

A survey by the Commonwealth Fund, a health research foundation that supports the Affordable Care Act, found that 43 percent of Florida adults under 65 last year declined to follow through on medical advice in some way because it was too expensive.

Because of the cost:

- 29 percent did not visit a doctor or clinic despite having a medical problem.
- 22 percent did not fill a prescription.
- 25 percent skipped a recommended test or treatment.
- 21 percent decided not to see a specialist.



Nationally, 36 percent of adults said they put off care or medicine. The rates were lower in California (31 percent) and New York (30 percent).

The reason? Expanded insurance coverage through the health care law is

making a difference in those two states, according to the Commonwealth Fund.

California and New York expanded Medicaid and set up state health exchanges to help the uninsured find affordable coverage. Florida and Texas, which also had a 43 percent rate of adults delaying care, did neither.

“Policy decisions states have made are likely having an effect on the number of their residents who have health insurance,” said Sara Collins, vice president for health care coverage and access at the Commonwealth Fund.

Republican Gov. Rick Scott announced in 2013 he would support Medicaid expansion that could cover as many as 800,000 Floridians. But he reversed himself in early April, saying he would no longer back it, largely because the Obama administration can't be trusted to provide its full share of the program's cost. ♦



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### Executive Director

Julie Ramirez

April 21, 2015

To: Lee County Medical Society Members

From: Abbott Kagan II MD

Re: high school sports medicine coverage

The Lee County Medical Society sports medicine committee has been assisting the Lee County School Board by providing sports medicine services to Lee County student athletes. We are very proud of our legacy of service.

This year we are looking for physicians to volunteer to take care of the following schools:

Mariner  
 East Lee County High  
 Ida S. Baker High

Your primary responsibility will be to be present for 5-6 home football games. Ideally you may be interested in assisting the school with pre-participation physical examinations or treating injured athletes. The school board and Lee Memorial Hospital provide athletic trainers for these schools with whom you will work closely. We will hold an orientation session prior to next year's football season.

If you would like to volunteer or if you would like more information please contact me directly. Thank you.

Abbott (Bo) Kagan II MD  
 8710 College Parkway  
 Fort Myers FL 33919

[www.kaganorthopedics.com](http://www.kaganorthopedics.com)

Tel: 239.482.8788

Fax: 239.482.6019

*"Whenever young men [or women] gather regularly on green autumn fields, or winter ice, or polished wooden floors to dispute the physical possession and position of various leather and rubber objects according to certain rules, sooner or later somebody is going to get hurt."*

Thomas B. Quigley MD



## Up in the Cloud: Is It Safe to Store Protected Health Information on Remote Servers?

What exactly is the cloud? Cloud storage is a network of remote servers that allow for centralized data storage and online access to these resources. Your files are stored on a server connected to the Internet instead of being stored on your own computer's hard drive. The cloud is convenient and cost-effective, providing a way to automatically back up your files and folders.

Despite these benefits, recent publicity around hacks of public cloud storage websites has raised concerns about whether it is appropriate for medical practices and facilities to store health records and information in the cloud.

Is cloud storage a safe way to store protected health information (PHI)? As with many new technologies, the safety level of the cloud, and whether it's appropriate for use, depends on the vendor. There are several issues you will have to keep in mind:

- **Are the vendor's security standards appropriate?** You will have to research

each vendor you choose. Make sure the company has a good reputation and solid security policies.

- **How much data will you be storing?** Ensure the vendor can handle the amount of data you would like to move to the cloud.
- **Ensure your data is encrypted when being uploaded to or downloaded from the cloud.** This is also your responsibility. Make sure your browser or app requires an encrypted connection before you upload or download your data.
- **Make sure your data is encrypted when stored in the cloud.** Data protected by law, such as medical information or personal identifiers, should never be stored in the cloud unless the storage solution is encrypted. Only selected members of your organization should be able to decrypt the data, and your organization should create policies detailing under what circumstances information can be decrypted.

- **Understand how access is shared in your cloud folder.** Many cloud storage providers allow you to share access to your online folders. Be familiar with the details on how that sharing works. Awareness of who has access and how is critical to monitoring activity within your stored data.
- **Understand your options if the cloud provider is hacked or your data is lost.** Virtually all cloud service providers require a user to sign an agreement that the user has very little, if any, remedy if a hack or a loss of data occurs.

Cloud storage can be a valuable asset to medical practices and facilities, but make sure you have absolute confidence in the service provider's ability to keep the data safe and secure.

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