Bulletin

Editor: John W. Snead, M.D.

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Physicians Caring for our Community





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 endorsement 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.

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Cover Photo by Peter Sidel MD Denali, Alaska

Inserts: Holiday Party

CALENDAR OF EVENTS

rsvp online at www.lcmsfl.org or call 239-936-1645

DECEMBER 5, 2016 - LCMS ANNUAL HOLIDAY PARTY
GULF HARBOUR YACHT & COUNTY CLUB 7PM - 10 PM
14500 VISTA RIVER DR
FORT MYERS, FL 33908
TICKETS ARE \$65 PER PERSON

JANUARY 27, 2017 - ANNUAL MEDICAL SERVICE MEDICAL AWARDS

LEXINGTON COUNTRY CLUB

16257 WILLOWCREST WAY

FORT MYERS, FL 33908

TICKETS ARE \$50 PER PERSON

(PROCEEDS GO TO WE CARE & LCMSA FOUNDATION)

JANUARY 13, 2017 - COCKTAIL HOUR AT CRU

BELL TOWER SHOPS

13499 S. CLEVELAND AVE, STE 241

FORT MYERS, FL 33907

NEW MEMBERS INTRODUCTION



LCMS COCKTAIL HOUR
WILL BE EVERY 2ND FRIDAY OF EACH MONTH

Membership News

NEW MEMBERS



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MEMBERSHIP NEWS

NEW MEMBERS CONT'D



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Lee Physicians Group at Golisano
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Board Certified: Adult & Pediatric
Surgery



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Board Certified: Dermatology

MEMBERSHIP NEWS

Reactivation Elena Gatskevich, MD Tomas Jacob, MD

LCMS Member Dues

The 2017 LCMS membership dues are payable by January 1, 2017. You or your group can pay at http://www.lcmsfl.org/en/join or call 239-936-1645. To pay your FMA dues, go to flmedical.org, and to pay your AMA dues go to ama-assn.org.

Lee County Medical Society 2017 Officers

On November 17, 2016 at the LCMS Annual Membership meeting, the following members of the Lee County Medical Society were elected as your 2017 Officers.

BOARD OF GOVERNORS

President: Jon Burdzy, DO President-Elect: F. Rick Palmon, MD Treasurer: Daniel de la Torre, MD Secretary: Elizabeth Cosmai-Cintron, MD

Past President: Shari Skinner, MD

Newly elected Members-at-Large:

Joanna Carioba, MD (2019) Arie Dosoretz, MD (2019) Ryan Lundquist, MD (2019)

Prevously elected Member-at-Large:

E. Trevor Elmquist DO (2018) Annette St. Pierre MacKoul, MD (2018) Tracy Vo, DO (2018) Cherrie Morris, MD (2017) Alejandra Miranda-Sousa, MD (2017)

GRIEVANCE COMMITTEE

President: Jon Burdzy, DO (elected 2016) R. Thad Goodwin, MD, Chair President-Elect: F. Rick Palmon, MD Secretary: Elizabeth Cosmai-Cintron,, MD

LEGISLATIVE COMMITTEE

Stuart Bobman, MD

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS

Darius Biskup, MD, Chair (2018)

Previously elected EJA Members:

Krista Zivkovic, (2019) Craig Sweet, MD (2018) Tracy Vo, DO (2018) Steven Guterman, MD (2017) Jacob Goldberger, MD (2017)

2017 FMA Annual Meeting Delegates/Alternates

Stuart Bobman, MD
Jon Burdzy, DO
Joanna Carioba, MD
Stephen Hannan, MD
Stefanie Colavito, MD
Ari Dosoretz, MD
Valerie Dyke, MD
Elizabeth Cosmai-Cintron, MD
Raymond Kordonowy, MD
Richard Macchiaroli, MD, Chair
Peggy Mouracade, MD
F. Rick Palmon, MD
Shari Skinner, MD

Alternates:

Cherrie Morris, MD



This time of year in Southwest Florida is exciting: we get our snowbirds back, the weather is cooler and sunnier, the holiday season is here, and this year, we get a new United States President. No one – probably not even Mr. Trump himself – expected this result. As I wrote last month, I have no idea what a Trump presidency will mean for

medicine, but if the new Congress works with him to fix this mess we call Obamacare, I'll be happy.

Spoiler alert: there is no controversy over who will be the next LCMS president. Jon Burdzy is a sure thing. Intelligent and dedicated, and he will do a great job next year.

2016 has been an exciting year for the Lee County Medical Society, and I'm proud to have served as the 84th President of the Society. Your Board of Trustees has worked very hard this year on a number of important issues. We worked on our goals to increase membership and visibility to new doctors in Lee County, to increase attendance at the Annual Medical Service Awards dinner, to send an influential delegation to the FMA meeting in order to protect the interests of medicine at the state level, to improve and secure the website, to establish a non-profit foundation to do good in our area for physicians, their families, and our patients, and to develop a Physician's Wellness Program focused on mental health.

Through coordinated efforts, especially with Lee Memorial and some of the larger practices in town, we gained 63 new members this year! I'm very proud to leave the Society stronger in numbers than we found it.

The January 2016 Annual Medical Service Awards dinner honoring our colleagues was the largest to date, and is projected to be even bigger in 2017. Our 2017 program will include two new categories, and, for the first time ever, all categories have been filled. We are turning it into a gala event with a silent auction and we expect it to sell out - so watch for your invitation and sign up early.

In July, we sent one of the largest and most influential delegations to the Florida Medical Association meeting in Orlando. We took resolutions to the meeting, (Not all delegations do this), worked on reference committees, and some of us spoke on the floor of the House of Delegates. The FMA meeting really is a great experience! If you are interested in being part of our delegation, please contact me or staff. We welcome newcomers!

The Karl M. Altenberger FMA Physician Leadership Academy takes younger physicians (and one Alliance member) each year and trains them to be leaders in Florida medicine and the FMA in particular. My husband is a proud graduate of this program, class of 2015! When he served as the Lee County Alliance President, he was honored to participate in it, and he stays in touch with his classmates, who have become friends and leaders

around the state. He has praised the experience as one which equaled his experience in similar programs in the business world. We would love to nominate some of our new physicians and alliance members for the FMA Leadership Academy to promote future leadership.

This fall, we established a non-profit foundation which will allow us to raise funds for our Physicians Wellness Program and donate to other worthy causes. I'm proud of this step your Board has taken and look forward to seeing it do good in our area. Contributions are welcome anytime.

Our website continues to improve, and we have established a social media presence through Facebook and Twitter. Please consider friending and following your Medical Society. You won't want to miss Dr. Burdzy's posts.

Perhaps the thing I have been most passionate about this year was working on the Physician's Wellness Program. After the suicide of a very well-respected colleague, I felt the urgent need to make a change. We have networked with other county medical societies across the state and the country to develop strategies to help our colleagues deal with non-emergent mental health issues. This area of health – mental health – has stigmas attached to it that stop physicians (and others) from seeking help. We must do better. The burn-out factor alone seems to be epidemic these days. We are working on a program to provide safe harbor for our physician members to address normal life difficulties in a confidential and professional environment. We hope to have this up and running in the first quarter of 2017.

Our financial situation is very strong thanks to the stewardship of Ann Wilke and now Julie Ramirez, and I'm proud of that. LCMS has the funds to do good for physicians, their families and the community, and we intend to continue and increase our work in those areas.

Your Medical Society Staff, Julie Ramirez and Valerie Yackulich are professional, caring and indispensable! For all of your hard work, thank you. Marian McGary retired this year and we thank her and wish her all the

best in her retirement. Kris Capella has joined the staff as membership coordinator and we look forward to working with her. The Board of Directors, this year, was so good to me and made this job easier. Thank you all for serving your Medical Society.



THE RAMIREZ REPORT

BY JULIE RAMIREZ, EXECUTIVE DIRECTOR



I am excited to share my experience as the facilitator for Health Day with the Fort Myers Chamber of Business Leadership Academy. As you may remember from 2015, I was a student in the Leadership Academy. I felt that my experience was so positive that I wanted to be involved with this year's class. I was given the opportunity to

plan and co-facilitate for the October event. Being part of the health world in Lee County, I felt it was important to have a full circle approach. We started the tour at Family Health Centers clinic on Grand Street. This important non-profit clinic seeks to help low income and federally insured patients receive the help they need. From there we traveled to the Lee County Emergency Management Service building near Page Field where we toured the EMS flight helicopter and an ambulance. From there we went to Healthpark Hospital and had an amazing presentation from Dr. Emad Salman. He gave us a visual tour of the new Golisano Children's Hospital. I am excited for the grand opening next spring! From the hospital, we went to the Harvey Engelhardt Funeral Home on Colonial Blvd for a tour. My co-facilitator, Rachel Schad, Executive Director of Harvey Engelhardt, showed us

through the showroom and explained that cremations are highly popular in Southwest Florida. Then we toured the preparation room and the cremation chamber. I was impressed on how respectful the staff were in regards to their jobs and patrons. After we finished with the funeral home, one of the Forensic Inspectors from the Medical Examiner's office spoke. The most interesting subject she talked about was autopsies. We learned what warrants an autopsy by the ME office. Besides the obvious cases such as criminal or accident, the ones that most intrigued me were the accident of any type—this includes delayed deaths and deaths resulting from medical complications following an accident; suddenly dying while in apparent good health; unattended (over 365 days) by a practicing physician or other recognized practitioners and when a body is to be cremated, dissected (organ donation) or buried at sea. The ME's office does about 1,200 autopsies for Lee County per year.

When we loaded the bus to head back to our cars after this long day, the bus driver asked where to next? I joked after the funeral home it should be heaven! But alas, it was back to our cars and to our busy lives. All in all, it was a wonderful day and I enjoyed meeting and interacting with new people from around our community.

LCMSFriends 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 theses businesses that have been selected by the LCMS for their outstanding services and products.











Jonathan Daitch MD & Michael Frey MD Proudly Announce



The vertebral bones of the spine support the spinal column and protect the spinal canal. Vertebral fractures occur when a section of the bony vertebrae weakens and collapses, resulting in a "compression fracture".

For adults over age 65, vertebral fractures, also known as vertebral compression fractures are commonly found in patients with osteoporosis. Osteoporosis weakens the bones and makes older adults more susceptible to fractures. Patients, who have suffered trauma such as an

automobile accident or a fall, can also fracture their spine.

Dr. Daitch and Dr. Frey have been performing *vertebroplasties* (also known as *kyphoplasties*) for over thirteen (13) years.

Collectively, they have repaired more than a thousand vertebral fractures; and they have pioneered the outpatient procedure in Lee County.

To see a video about the procedure, go to the APMSS web site: www.apmss.net, or if you have questions call: (239) 437-8000

NAMI - IMPACT OF STRESS ON MENTAL HEALTH AND QUALITY OF LIFE

BY VACHAREE HOWARD, MSW, EXECUTIVE VICE-PRESIDENT

ecent studies are bringing to light the impact of stress on the mental health and the quality of life of practicing physicians. The statistics are alarming:

- At some point in their careers nearly half of physicians in the U.S. will experience professional burnout, a syndrome characterized by emotional exhaustion, depersonalization and a low sense of meaning and purpose in work.
- Physicians have a 10-20 percent higher divorce rate than the general population.
- There are an estimated 400 physician suicide deaths each year – the size of an entire med school graduating class

 and many experts believe the true number to be much higher due to under-reporting and incorrectly listed cause of death.

At the beginning of their careers the rates of depression, anxiety and other mental health disorders among doctors are on par with those in the general population. So what is responsible for these disturbing trends? In addition to high stress situations and workplace environments there are many contributing factors and professional experiences unique to physicians:

- Dealing with suffering, trauma and death on a regular basis.
- Lack of control over schedules and time. This can result in poor sleep patterns, interference with family activities and leisure time, and poor self-care.
- Because there is a patient in need at every turn, setting limits and finding a balance between compassion and objectivity is extremely difficult and can lead to physical and emotional exhaustion.

Add to that the fear of malpractice and the burden of debt from student loans, running a practice, and insurance premiums and it becomes clear why doctors kill themselves at a rate more than 70 percent higher than other professionals.

While many physicians routinely screen their patients for depression and anxiety, why don't they recognize and seek help when they experience the early signs of burnout? Primarily, because of fear. While the majority of the general population is protected by the Americans with Disabilities Act that prevents employers from discrimination based on mental or physical health, for physicians, licenses, hospital privileges, and insurance credentialing could be denied if they are under treatment for a mental health or substance abuse disorder.

The National Alliance on Mental Illness (NAMI), is the nation's largest grassroots advocacy organization and leading voice

on mental health. NAMI LCH is one of hundreds of local affiliates throughout the US working to raise awareness, combat stigma and provide support and education to those in need. We are leaders in providing information, referrals and guidance to mental health and dual diagnosis resources, support services and research programs, such as the Mayo Clinic Physician Well-Being Program. This innovative program aims to promote physician well-being through research, education and development of programs that foster career satisfaction and performance. To learn more, go to

http://www.mayo.edu/research/centers-programs/physician-well-being-program/overview.

Through events like our Annual Awareness Gala, NAMI LCH strives to "Unveil the Mask of Mental Illness" to increase public understanding of mental health disorders and encourage those who are privately struggling to seek help. For more information visit our website at:

http://www.namilee.org/unveil-the-mask-event.html.

NAMI of Lee, Charlotte, and Hendry Counties Vacharee Howard, Executive Vice President Tel: 239-337-9024 Lee/Hendry Counties vhoward@namilee.org





LIFE AS A RESIDENT

BY CHARLES FLEISHER, MD., FSU/LMHS MEDICAL RESIDENCY PROGRAM

Every so often I am asked what it means to be a family doctor? At times, I give the auto-pilot response that I formulated through the many rigorous family medicine interviews. Other times, I just provide the standard definition that family medicine is the continuity of care and patient advocacy for the whole family, from pediatrics to geriatrics. But now, as I reflect on this question after 6 months in residency training and consider the many lessons I have learned, I realize that it is not just about the care that I provide. It is also equally essential in family medicine to develop a partnership of trust with each patient and build on that partnership as he/she progresses through the stages of life. The foundation of this partnership is built on various factors, but one of the linchpins is patient-centered education and instruction to ensure that every patient understands and learns about his/her suspected or diagnosed illness as well as their individualized treatment plans.

I'll begin by re-stating a profound quote from Dr. Gitu, the Associate Director for the FSU Family Medicine Residency program at Lee Health, which has been foundational to my growth as a family doctor: "It's not about what you told the patient, it's all about what the patient heard." In providing effective medical care, it is paramount that the family doctor makes efforts to enhance effective communication with the patient to ensure that the patient understands his/her illness and is knowledgeable regarding the prescribed treatment.

In Latin, "doctor" means teacher. Effective teaching has always been a collaborative partnership between the teacher and student. In the same fashion, family medicine is

a partnership between the doctor and the patient, a partnership of trust. Within that partnership, the doctor must ensure communication confirmation by allowing the patient to teach back what they have learned. This builds mutual trust and improves adherence to treatment regimens which leads to improved health outcomes for the patient.



Medicine, in general, requires that doctors competently diagnose illnesses, develop effective treatment plans, and encourage a healthy life style. However, to be effective I must also develop a relationship of trust where the patient not only understands me but also serves as an active participant in the treatment. If the patient doesn't understand or accept my instructions, they will not be able to follow the treatment plan. Equally, if the patient doesn't trust me as a doctor, they may choose not to follow the treatment plan I prescribed.

Yes, family medicine is continuity of care and patient advocacy for the entire family from childhood to the elderly, but it's also about developing a long-term partnership with the patient and ensuring adherence with health care regimens by investing in the doctor/patient relationship with time, compassion, and meaningful instruction.

"Tell me and I forget, teach me and I may remember, involve me and I learn." — **Benjamin Franklin**

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Services we offer to help you run your practice.

Every medical office today has an internet connection, computers and software that are critical to running the practice. It's hard to expect your employs to do their jobs and manage everything else. We can help, by managing the computer network, setting up the internet connection and making sure all your data is backed up while always focusing on security. Your employees can focus on their jobs and let the experts at Synergy take care of the rest.

Services we offer to help you expand your practice.

If you are a new medical practice or have been around for many years, one of the most strategic actions you can take is to have a website that represent your practices as if someone was walking into your office. Ask yourself, how many people will visit your website before taking one step into your office.

Is your website easy to use, does it answer questions your patients might have? Has your website been optimized for mobile since today 50% of all search is done on a mobile



device? We can help, whether it's a redesign of your existing website or designing a completely new website. With 16 years of experience we are the experts.

So now you have a great website, how will new patients find you? Online digital marketing is the most effective way for clients to find you. We know that today 80% of searches are done on Google and 17% on Bing. Synergy can put a strategy together for your practice to direct those new patients to you. In addition to standard searchs, we can create digital marketing ads that we place on strategic websites like CNN, WSJ, NBC and ABC. The ads are designed to brand your practice and to attract new patients that may not have heard of you or have thought about their medical needs or just need a second opinion.

Synergy Networks Peter Seif, President

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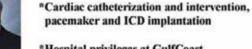
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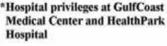
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MILLENNIAL MEDICINE: PERSPECTIVES FROM THE ETHOS OF THE MILLENNIAL

GENERATION BY CLAY DUVAL, MD

My grandfather was a great man by anyone's standards the son of a farmer in rural Kentucky, he moved to Northwest Indiana with his bride and started a new life there with little to his name. He worked the same job in the steel mills for 39 years until he retired. He was married to my grandmother for 62 years. He was the rock of our family. His steadfastness allowed my mother to become the first in her family to go to college; she ultimately became a nurse, and helped to inspire my path to become a physician. So I guess you could say my adventure as a millennial in medicine was ultimately rooted in my grandfather's long life of selfless servanthearted sacrifice.

Just days prior to writing this month's article, I spoke at his funeral. The room was packed with family members and friends. As I recounted his life and tried my best to articulate the gravity of his legacy, I realized how blessed we have been. Yet, I also realized how uniquely we as physicians understand and experience the journey from life to death. I realized that for all the advances in medicine that we have seen in our lifetimes, death is something that we all must experience. We physicians, though we often strive to steel ourselves to it, are not immune to the pain of death nor are we immune to the human experience of grief. And sometimes in the performance of our duties, we will experience things that hit close to home.

During my grandfather's last month on this earth, he suffered from cerebral hyponatremia. Concurrently, I was caring for a patient with the same condition. During the day, I would ponder the condition of my patient, but I found myself pondering the condition of my grandfather as well. Day by day, I found that my prayers for each were blending together. The first was a prayer that was undergirded by my daily efforts to "do something" and to intervene as a physician. The second was a prayer that spoke to a place of helplessness and desperation, and which arose from the perspective of a concerned family member. The parallelism between my

personal and professional experiences was profound, and I found myself approaching various patients' families with a renewed sense of intentionality. I would ask questions like "How are you doing with all of this?" whenever I saw a family member sitting by a patients' bedside. Their responses echoed how I felt myself - "I'm doing the best that I can; I'm taking it one day at a time".



Beyond an overwhelming sense of empathy with my patients and their families, I also experienced a revelatory clarity of the purpose of achieving excellence in family medicine: We are treating someone's family. When my grandfather was in the hospital, my mother's old nursing instincts kicked in. She stayed by his bedside for weeks, along with other family members. She watched every treatment, listened to every progress update. She asked questions, observed the level of interdisciplinary communication and the degree of professionalism of the various members of the clinical staff. It was all was important to her, because this was her daddy.

As physicians, especially as millennial physicians, we need to appreciate the gravity - and the privilege - of our calling. We are not just our brother's keeper, we are the keepers of someone else's loved one. If they were able, no doubt they would manage their family's medical care themselves; for no one can love and care for another as can a mother or father, a son or daughter. Yet that responsibility falls upon us and it beckons us to consider it and to count the cost. To provide excellent, caring, compassionate care is not always convenient, but it's always the right thing to do. It's not always emotionally easy, but our noble profession was never about what is easy. The best way I can honor my grandfather's memory is to care for others like he cared for us - and here at LeeHealth, I know that's what we are all about. Caring people, caring for people.

OPTIMIZE THE EHR: BETTER WORKFLOW MEANS BETTER WORK-LIFE BALANCE BY CHAD ANQUILM, DIRECTOR OF PROFESSIONAL SERVICES, MEDICAL ADVANTAGE GROUP

There are tools that can streamline patient care and payment workflows in the electronic health record (EHR). By dedicating time and effort up front to optimize the EHR, physicians can get relief from administrative tasks, reduce duplicate entry of data, and save time by not having to search for records in multiple places. Enhancing the EHR means focusing on these four top areas:

- Building a direct data interface. When all patient data, from both within the practice and from outside sources, is routed through the EHR in a structured format, a physician has all the information required at the point-ofcare when treating a patient.
- 2. Organizing patient data to provide a central point of access

- in the EHR. Immediate and organized access to complete patient information can help reduce unnecessary office visits, imaging, and labs tests.
- 3. Establishing predefined care alerts to guide physicians through the treatment portion of the visit. The parameters of each alert should be set by the physician, based on the Healthcare Effectiveness Data and Information Set (HEDIS) or other quality metrics or quality-based programs the doctor participates in. By setting up alerts that are triggered by the receipt of structured data instead of being manually triggered, a practice can see more patients and provide customized treatment plans

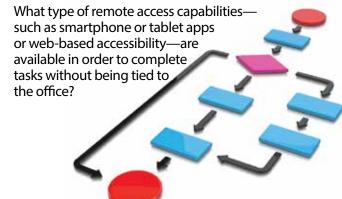
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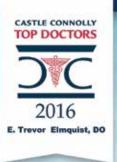
Optimize the EHR Cont'd

- without running recalls or prepping charts prior to the patient's arrival. Setting up alerts is a one-time effort—then, armed with the right tools, the physician can rely on educated decision-making at the point-of-care, when time is of the essence.
- 4. Integrating population health management reporting tools that allow the physician to see gaps in care or future care needs based on gender, age, and medical history, such as foot exams, immunizations, and colonoscopies. These tools—offered in many EHRs through the EHR vendor or a clinically integrated network (CIN)—analyze data from the EHR, HIEs, payer claims systems, and lab and radiology facilities, so that a physician can make decisions based on the patient's longitudinal medical record. This offers the ability to bill for services during the office visit, send campaign messages (such as for a flu shot or annual physical) to patients, and report data in a useful format to referring physicians.

When optimizing their EHR, physicians would benefit from working with an experienced consulting team that understands the tools available as well as the flow of the practice. Here are the questions a practice should ask the EHR vendor to determine if the vendor can help the practice get the most out of the EHR—or if it's time to hire a consulting firm:

- What local laboratory/radiology/report interfaces are available in the area that may help streamline the flow of data in and out of my practice?
- What data can be submitted electronically through a commonly accepted file for incentive programs like PQRS, Meaningful Use, and other payer-directed programs in order to decrease duplicate entry?
- What devices such as trackers, kiosks, or EKGs connect directly to the EHR to decrease manual entry?
- What inbound interfaces can be set up to accept ADT data, structured data from other physicians, or vaccine registries?





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



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