

Bulletin

Editor: John W. Snead, M.D.

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LEE COUNTY
MEDICAL
SOCIETY INC.

Physicians Caring for our Community



BULLETIN

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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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Inserts:

March General Membership Meeting Notice
Red Sox Spring Training Game and Picnic
2016 CME Conference in Lake Tahoe, June 2016



About the Cover: Photo by Dr. Dirk Peterson.
"Shipwrecks always come back to life after they sink."

CALENDAR OF EVENTS

REGISTER ONLINE AT WWW.LCMSFL.ORG OR CALL 239-936-1645

Friday, February 19, 2016, 5-7pm

2015 New Member Cocktail Hour at CRU at Bell Tower Shops

13499 S Cleveland Ave #241, Fort Myers, FL 33907

Join us in welcoming our newest members to the Society.

All are welcome.

Thursday, March 10, 2016 5:30pm-8:30pm

Society General Membership Meeting

Crown Colony Golf and Country Club

8851 Crown Colony Blvd, Fort Myers, FL 33908

Regions Bank Fraud Prevention Seminar
and Professional Photography by RCL

(see insert for details)

Saturday, March 12, 2016, 1pm

Red Sox Spring Training Picnic and Baseball Game

JetBlue Park, 11500 Fenway South Drive, Fort Myers, 33913

\$70 per person for food and ballgame

(see insert for details)



MEMBERSHIP NEWS

MEMBERSHIP CHANGES

Resigned

Mohammad Sadat, MD
William Harwin, MD

Practice Name Change

Manuel Del Sol, MD
Millennium Physician Group



NEW APPLICANTS

Arie P. Dosoretz, M.D. – Dr. Dosoretz received his MD degree from the University of Pennsylvania, Philadelphia, PA in 2010. He completed an internship and a residency at Yale – New Haven Medical School, New Haven, CT from 2010-2015. He is in group practice with 21st Century Oncology, 7341 Gladiolus Drive, Fort Myers, FL 33908 Tel: 239-489-3420.

William W. Ehrlich, MD – Dr. Ehrlich received his MD degree from the University of Michigan, Ann Arbor, MI in 1979. He completed an internship and a residency at Henry Ford Hospital, Detroit, MI from 1979-1983 and a fellowship in Orbital Disease at Albany Medical Center, Albany, NY from 5/1984-11/1984. Dr. Ehrlich is board certified in Ophthalmology. He is in group practice at Frantz EyeCare, 12731 New Brittany Blvd., Fort Myers, FL 33907 Tel: 239-418-0999.

Carmen Fernandez, DO – Dr. Fernandez received her DO degree from Nova Southeastern University, Fort Lauderdale, FL in 2010. She completed her training at Larkin Community Hospital, South Miami, FL from 2010-2014. Dr. Fernandez is in group practice at Physicians Primary Care of SWFL, 7381 College Parkway, Ste 110, Fort Myers, FL 33907 Tel: 239-482-1010.

PORTRAITS TO BE TAKEN AT MARCH GENERAL MEMBERSHIP MEETING

For the Society's March 10, 2016 Meeting,

RCL Portrait Design has been approved to photograph all the members for our online website and 2016 Pictorial Directory. The photographs will be taken at our March 10th meeting at Crown Colony Golf and Country Club from 5:30 p.m. through the evening. **Appointments MUST be made in advanced by calling 1-800-951-8712.** Appointments will also be available throughout the week at other locations throughout Lee County.

A professional portrait photographer will photograph you in several poses. You will then be able to view your proofs immediately through an instant video system and choose your picture for the website and directory.

Additional portraits will also be made available to those wishing to purchase them, however there is no obligation.

For professional quality and best presentation, appropriate dress is suggested. We recommend the following:

Ladies: Suit jacket or long sleeved blouse

Gentlemen: Dark Jacket and tie

We ask that you appreciate the importance of this project and assist the LCMS in making this a most successful photo opportunity for our online and Pictorial Directory.



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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PRESIDENT'S MESSAGE

BY SHARI SKINNER, M.D.



The other night at an FGCU basketball game, I overheard a man say he had recently retired from practicing medicine, and that he was glad to be out. He looked young enough to continue practicing if he wanted to, but he had decided to retire and move to Florida instead. This is just an anecdote, but most of us would agree that the practice of medicine in the past few years has become noticeably more tangled with rules and regulations that do not add one whit to patient care. Medicine today is more difficult for physicians than it needs to be, though I still find it rewarding. Though I mentioned it last month, I would like to focus this time around on one big culprit that is hurting medicine: Obamacare.

Obamacare's stated goal of increasing the number of people with insurance coverage does not address the real issue: increasing access to and quality of health care. With premiums and deductibles rising for most patients, and with plan choices narrowing, most patients are worse off today concerning insurance than they were before Obamacare. I have several patients that were initially elated about having insurance through Obamacare, but were sorely disappointed and have decided to once again go without. Some patients who were in dire need before are surely better off having free insurance, but are their providers better able to care for them, and was this the best way to help them? There is a coming shortage of quality health care professionals, especially medical and osteopathic doctors. It's curious that we now have to be clear about what kind of doctors we are referring to with the advent of the "doctor nurse" or DNP. More patient care will be pushed onto physician's assistants, nurses and others in order to meet the demand. Some procedures and processes are perfectly acceptable to be performed by non-doctors, but the pressure will be for doctors to spend less time with patients. What will this do to the quality of care?

A recent article in Health Affairs points out a study indicating that, when Obamacare started, the number of uninsured Americans was inflated by the recession's high unemployment, and that the rate of insured Americans now is just 2.6 percent above the pre-recession baseline (By the way, the Congressional Budget Office recently estimated that Obamacare will cost 2 million jobs over the next decade). The money, energy and time spent on the Affordable Care Act would seem to be worse than useless. Had we simply decided to pay all health care costs for uninsured Americans below a certain income level, we would all be better off now. The question is: how can we help the greatest number of people, and hurt the least?

The demands placed on the American health care system are increasing – an aging population, new technology allowing more information and more procedures, new drugs, computer systems with baffling and arcane requirements, and of course, new patients whose health insurance is basically free under Obamacare. Innovation in The United States has been the hallmark of our success, and innovation in medicine has led to increased lifespans with high quality of life, which are the ultimate measure of success in medicine. In the current environment, innovation in the medical field is being stifled and incentives are being perverted, regulations are choking us, and prices continue to rise. Prices in other technologically-dependent fields without the enormous regulatory burden of medicine, such as computers, drop.

The most important people in this equation – the patients – are being hurt by Obamacare, and this is unacceptable. I believe that in order to reverse this we need to reform the mess that is Obamacare, and this will require more of us – doctors – becoming politically active. It's a shame and it shouldn't be on our radar, but it is necessary if we are going to continue to innovate and improve real quality of life for those in our care. Please consider joining us at our next meeting and discussing some of these issues with your peers. It's the first step toward better patient care for the future!

THE RAMIREZ REPORT

BY JULIE RAMIREZ, EXECUTIVE DIRECTOR

The first weekend of January I had the great opportunity to attend the FMA Board of Governors Winter Meeting in Coral Gables. The following resolutions were discussed in length and here is their outcome:

1. Adopted Substitute Resolution 15-111 with title change as follows: *FMA Supports Federal Law Prohibiting the Sale of Fetal Body Parts.*

2. Resolutions 15-101 Board Re-Certification and 15-105 End the Monopoly of Certifying Physicians by the ABIM and Support Development of Meaningful Alternative Certification. FMA President and Chair, Dr. Ralph Nobo, announced he intends to invite representatives from the National Board of Physicians and Surgeons (NBPAS) and the American Board of Medical Specialties (ABMS) to present at the May 2016 Board of Governors meeting. In addition, Dr. Nobo plans to invite the authors of Resolution 15-101 and 15-105 to present additional testimony for the Board's consideration. Resolutions 15-101 and 15-105 will be tabled until time certain.

The next FMA Board of Governors Meeting will be held May 13-15, 2016 at the Disney Contemporary Resort in Orlando, FL.



As you will see by the photos at the end of this publication, the 2015 Annual Medical Service Awards and Installation Dinner was a fabulous event! Over 185 people attended this event and 9 awards were presented. This event would not be complete without thanking our full sponsors: Mark Loren, 21st Century Oncology, Advanced Pain Management & Spine Specialist, Busey Bank, del Bianco General Construction, The Doctors Company, Doctor's Armor by Physician's Indemnity, Lee Memorial Health System, Lee Sar, Physicians' Primary Care, Shell Point, State Farm and for Radiology Regional for sponsoring the beautiful centerpieces created by the LCMS Alliance.

Friends,

Welcome back! I hope everyone got a break and is now focusing on a new year. Have you taken a step back to plot a new course for the new year, or are you in reaction mode? Are you planning or surviving? President Eisenhower reportedly said "Plans are nothing; planning is everything." Or consider this by President Franklin--"By failing to prepare, you are preparing to fail." And then my favorite, one by President Lincoln: "The best way to predict the future is to create it."

Here's a challenge for you that can help you have the best year ever. Every time we do it here, we're impressed at the effect and positive outcome. Here you go:



- Get your core people in a room for at least 2 hours. That means no phones or interruptions.
- Identify what your mission is and make sure your core team are on the same page about that.
- Do a mini SWOT analysis. That means-
- Get an easel sized piece of paper and write "Strengths" on the top. Write down each thing everyone says. Do not debate or even discuss it.
- Do the same thing on separate pages for "Weaknesses," "Opportunities" and "Threats." Tape those pages up on the wall of where you're meeting.
- Get your final sheet out and title it "To Do." When you look at the sheets on the wall, you will begin to notice specific actions that you can take THIS YEAR that will make a positive difference for you and your practice.

Best to you all this year! We're happy to help you get where you're going, even when that means helping you decide where you want to go.

Jeff Cohen, Attorney, Florida Healthcare Law Firm

Don't forget that LCMS members have exclusive rights and may call the Florida Healthcare Law Firm at any time for a free 15 minute consultation. Please call the Medical Society for the phone number and your LCMS Code at 936-1645.

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

FluView Activity Update

Key Points

- The latest FluView report indicates that there have been some increases in flu activity in the United States.
- Reports of influenza-like-illness are above the national baseline for the second consecutive week this season. (See section “[FluView Activity Update](#)” for more information.)
- However, most states are still experiencing minimal flu activity.
- The U.S. flu season is beginning.
- Recent flu seasons have started relatively early. The timing of the current flu season so far is more typical. Most often flu peaks during the month of February.
- While flu seasons vary in their timing, duration and intensity, it is likely that there are still many weeks of flu activity ahead of us.
- While influenza A (H3N2) viruses have been most common since October 1, during recent weeks influenza A H1N1 viruses have been predominant.
- Laboratory data so far show that most circulating flu viruses are still like the viruses recommended for the 2015-2016 influenza vaccines.
- The similarity between vaccine viruses and circulating viruses is one factor that can influence how well the vaccine works.
- With most of the flu season still to come, getting a flu vaccine now can still protect you from illness this season.
- Each flu season, flu causes millions of illnesses, hundreds of thousands of hospitalizations and thousands or sometimes tens of thousands of deaths.
- CDC recommends annual flu vaccination for everyone 6 months and older.
- While flu vaccine can vary in how well it works, a flu vaccine is our best defense against getting the flu.
- Vaccination can reduce flu illnesses, doctors’ visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Flu vaccine is designed to protect against the three or four flu viruses that research suggests will be most common during the upcoming season.
- It takes about two weeks after vaccination for protection to set in. Now is a good time to get vaccinated.
- Manufacturers report having shipped more than 143 million doses of flu vaccine as of December 11, 2015.
-

According to this week’s FluView report, seasonal influenza activity increased slightly in the United States. While influenza A (H3N2) viruses have been most common since October 1, in the past three weeks, influenza A (H1N1) pdm09 viruses have predominated. The vast majority of circulating flu viruses analyzed this season remain similar to the vaccine virus components for this season’s flu vaccines. CDC recommends an annual flu vaccine for everyone 6 months of age and older. If you have not gotten vaccinated yet this season, you should get vaccinated now. Below is a summary of the key flu indicators for the week ending December 26, 2015:

For the week ending December 26, 2015, the proportion of people seeing their health care provider for influenza-like illness (ILI) is 2.6%, which is above the national baseline (2.1%). Six of 10 regions (Regions 1, 2, 3, 4, 6 and 7) reported ILI at or above their region-specific baseline levels. This is the second week this season that ILI has been at or above the national baseline. (<http://www.cdc.gov/flu/weekly/#S4>)

One way that CDC measures the length of the influenza season is the number of consecutive weeks during which ILI is at or above the national baseline.

Puerto Rico and two states (New Jersey and South Carolina) experienced high ILI activity. Three states (Arizona, Georgia and Virginia) experienced moderate ILI activity. New York City and nine states experienced low ILI activity; 36 states experienced minimal ILI activity. The District of Columbia did not have sufficient data to calculate an activity level. ILI activity data indicate the amount of flu-like illness that is occurring in each state.

Influenza-associated hospitalization data from the Influenza Hospitalization Surveillance Network (FluSurv-NET) for the 2015-2016 influenza season will be updated weekly starting later this season.

The proportion of deaths attributed to pneumonia and influenza (P&I) based on the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System is below system-specific epidemic thresholds. No influenza-associated pediatric deaths were reported, for the week ending December 26, 2015. A total of four influenza-associated pediatric deaths have been reported to CDC during the 2015-2016 season to date. (<http://www.cdc.gov/flu/weekly/#S2>)

Nationally, the percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories during the week ending December 26, 2015 was 2.5%. For the most recent three weeks, the regional percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories ranged from 0.5% to 5.6%. (<http://www.cdc.gov/flu/weekly/overview.htm#Viral>)

- Article Continued...
 - During the week ending December 26, 2015, 157 (55.7%) of the influenza-positive tests reported to CDC by clinical laboratories were influenza A viruses and 125 (44.3%) were influenza B viruses.
 - The most frequently identified influenza virus type reported by public health laboratories during the week ending December 26 was influenza A viruses, with influenza A (H1N1)pdm09 viruses predominating.
 - During the week ending December 26, 32 (84.2%) of the 38 influenza-positive tests reported to CDC by public health laboratories were influenza A viruses and 6 (15.8%) were influenza B viruses. Of the 29 influenza A viruses that were subtyped, 6 (20.7%) were H3 viruses and 23 (79.3%) were A (H1N1)pdm09 viruses.
 - Cumulatively from October 4- December 26, 2015, influenza A (H3) viruses were predominant in three of the four age groups ranging from 42.2% (ages 25-64 years) to 75.6% (ages 65 years and older). Influenza A (H1N1)pdm09 viruses were predominant in the 0-4 years age group (38.8%).
 - CDC has characterized 170 specimens (34 influenza A (H1N1)pdm09, 112 influenza A (H3N2) and 24 influenza B viruses collected in the U.S. since October 1, 2015.
 - All 34 (100%) influenza A (H1N1)pdm09 viruses were antigenically characterized as similar to A/California/7/2009, the influenza A (H1N1) component of the 2015-2016 Northern Hemisphere vaccine.
 - All 17 (100%) of the B/Yamagata-lineage viruses were antigenically characterized as similar to B/Phuket/3073/2013, which is included in both the 2015-16 Northern Hemisphere trivalent and quadrivalent vaccines.
 - All seven (100%) of the B/Victoria-lineage viruses were antigenically characterized as similar to B/Brisbane/60/2008, which is included in the 2015-16 Northern Hemisphere quadrivalent vaccine.
 - Since October 1, 2015, CDC has tested 40 influenza A (H1N1)pdm09, 138 influenza A (H3N2), and 38 influenza B viruses for resistance to the neuraminidase inhibitors antiviral drugs. While the vast majority of the viruses that have been tested are sensitive to oseltamivir, zanamivir, and peramivir, one influenza A (H1N1)pdm09 virus was reported during the week ending December 12 that showed resistance to oseltamivir and peramivir (but was sensitive to zanamivir).
 - All 112 H3N2 viruses were genetically sequenced and all viruses belonged to genetic groups for which a majority of viruses antigenically characterized were similar to cell-propagated A/Switzerland/9715293/2013, the influenza A (H3N2) component of the 2015-2016 Northern Hemisphere vaccine.
 - A subset of 66 H3N2 viruses also were antigenically characterized; 65 of 66 (98.5%) H3N2 viruses were similar to A/Switzerland/9715293/2013 by HI testing or neutralization testing.

Note: Delays in reporting may mean that data changes over time. The most up to date data for all weeks during the 2015-2016 season can be found on the current [FluView \(http://www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/).

Go to <http://vaccine.healthmap.org/> or www.cdc.gov/flu to find a location near you where you can get vaccinated.

MEMBER DUES REMINDER

Payment for your 2016 LCMS membership dues was due on December 31, 2015. If you (or your group) has not yet submitted payment, please do so by check or credit card to LCMS, or you can pay online at www.lcmsfl.org. Call 239-936-1645 or email Valerie at valerie@lcmsfl.org if you need an additional copy of your dues invoice.

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Welcome

Alexander J. Martinez, MD

Dr. Martinez is a graduate of the University of Miami. He obtained his medical degree from New York Medical College. He completed his residency in Physical Medicine Universities Combined Program at New York-Presbyterian Hospital. He completed a Fellowship in Pain Medicine at Albert Einstein College of Medicine in Bronx, NY.

Martinez is Board Certified in Pain Medicine as well as Physical Medicine & Rehabilitation. He is certified in Diagnostic Musculoskeletal Sonography. For more information, please visit www.apmss.net.

Dr. Martinez is fluent in Spanish. He will be accepting new patients.

(239) 437-8000 8255 College Pkwy. Ft. Myers, FL 33919

HEALTHCARE STUDENT SCHOLARSHIP OPPORTUNITY

BY WWW.CCMSFOUNDATION.ORG

The board of directors of the Foundation of Collier County Medical Society (CCMS) is accepting applications through March 2016 for two scholarship awards: "The Foundation of Collier County Medical Society Dr. William Lascheid Memorial Scholarship" for medical students and "The Foundation of Collier County Medical Society Healthcare Student Scholarship".

The Dr. William Lascheid Memorial Scholarship honors and remembers CCMS Past President and Neighborhood Health Clinic co-founder Dr. William Lascheid and his tireless efforts to provide care to the underserved in Collier County. Eligible Florida residents enrolled or accepted in medical school, who have demonstrated excellence in service to their community, may apply.

The Healthcare Student Scholarship offers awards to eligible Florida residents enrolled or accepted as students in a healthcare education program. The scholarship award is based on academic merit and contributions to the community. Financial need may also be considered.

"Our scholarship program is an ideal opportunity for us to help groom future healthcare professionals," said Dr. Rolando Rivera, Foundation Board Chair. "And in turn, we can make a positive impact on the quality and availability of medical care in our community."

Applications and requirements are available at www.ccmsfoundation.org, or may be obtained by calling CCMS, (239) 435-7727 or emailing info@ccmsonline.org.

The Foundation of CCMS is a 501(c)3 charitable organization launched by the Medical Society in 2012, with the mission to provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs.

The Foundation's signature fundraiser, the Docs & Duffers Golf Tournament on September 17, 2016, will help raise funds for its scholarship program and local healthcare programs in need. Those interested in participating or donating to the Foundation can visit www.ccmsfoundation.org.

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LIFE AS A RESIDENT

BY EILEEN CALLAWAY, MD., RESIDENT, FSU/LMHS MEDICAL RESIDENCY PROGRAM

It's hard to believe that an entire year of residency has come and gone and there are only two short years separating the training wheel period from the real world. It's hard to anticipate what the future has in store. Where will I be practicing, what type of practice setting will I be working in, how do I plan for the future when I'm still working out my plan for the upcoming rotation? The possibilities seem endless and that is when I just have to take a deep breath and relax. Last year at this time, I had no idea how I was going to handle the match since I was changing specialties, but it all worked out. The year before that, I didn't know how I was going to handle graduating and relocating to a place far away from my family, again. It worked out just fine too. Fortunately, life has taught me the importance of perspective.



There is almost a full generation that separates me from many of my fellow residents. While they are celebrating new marriages and the birth of a first child, I'm celebrating with my grandchildren and my 92-year-old mother-in-law. I'm fortunate to have a good man at my side and I have a lot to be thankful for. As hard as it was for me to change my career plans midstream, he reminds me of what my former residency had in store for me and for us. In an instant, I can take a deep breath again and realign my thinking. I am in a good place in life, in residency, and am surrounded by supportive people. As the topic of the call schedule rears its ugly head I think well, it's not forever, it's not surgery, it's not 24-plus-hours every third day, and no matter what is decided now it will likely change again. In the meantime, it's licensing exams, board exams, case logs, grand rounds, patient care, billing, and at some point figuring out how to bring in the paycheck.

One thing is for sure, I'm a generation closer to retirement than my peers. So when life hands me lemons, I'm done making lemonade. I'm moving on to lemon meringue pie and lemon chiffon bars. And the glass isn't half full or half empty, but it's an opportunity to stuff it full of possibilities that will change everything. I'm in the mood for change. Possibilities that will change everything. I'm in the mood for change.



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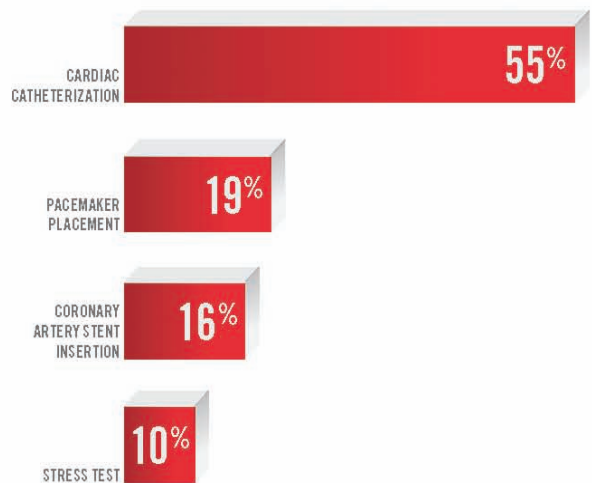
DOES YOUR MEDICAL MALPRACTICE INSURER KNOW WHICH PROCEDURES ARE MOST FREQUENTLY LINKED TO CARDIOLOGY CLAIMS?

As the nation's largest physician-owned medical malpractice insurer, we have an unparalleled understanding of liability claims against cardiologists. This gives us a significant advantage in the courtroom. It also accounts for our ability to anticipate emerging trends and provide innovative patient safety tools to help physicians reduce risk. When your reputation and livelihood are on the line, only one medical malpractice insurer can give you the assurance that today's challenging practice environment demands—The Doctors Company.

To learn more, call our Jacksonville office at 888.899.9091 or visit WWW.THEDOCTORS.COM.



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THE FOUR MOST COMMON PROCEDURES LINKED TO CARDIOLOGY CLAIMS
Source: The Doctors Company