

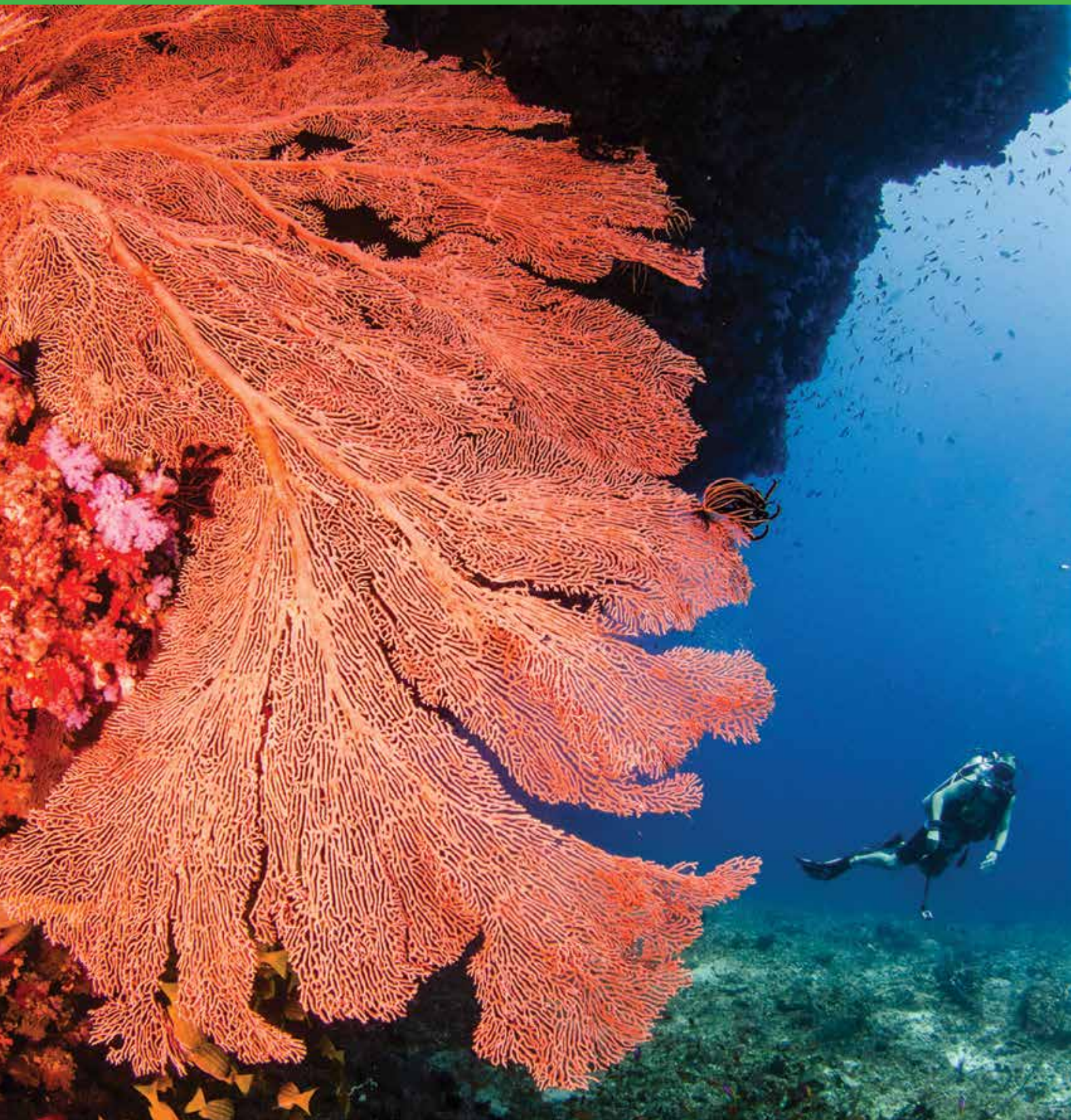
Bulletin

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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Invest Realty
Women in Medicine Fashion Show at Jennifer's
HMA Educational Conference



Cover Photo by
Dr. Dirk Peterson

CALENDAR OF EVENTS

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



Thursday, August 25, 2016- 6:30 pm - 8:30 pm

Women In Medicine Fashion show at Jennifer's
Jennifer's - Cypress Square
13451-1 McGregor Blvd.
Fort Myers, FL 33919

UPCOMING EVENTS

August 27, 2016 - Family Beach Day

September 22, 2016 - General Membership Meeting

October 2016
Retiree Luncheon
Cocktail hour in the Cape
Women in Wine Celebration

November 17, 2016 - General Membership Meeting

December 5, 2016 - LCMS Annual Holiday Party

January 27, 2017 - Annual Service Medical Awards

MEMBERSHIP NEWS

NEW APPLICANTS

Asif Azam, MD – Dr. Azam received his MD degree from Bangladesh Medical College, Bhaka, Bangladesh in 2003. He completed a residency at Jamaica Hospital, Jamaica, NY from 2007-2010. Dr. Azam is board certified in Family Medicine. He is in practice with LPG Hospitalist Group, 9981 S HealthPark Drive, Ste 159, Fort Myers, FL 33908, Tel: 239-343-2222

Samina Azam, MD – Dr. Azam received her MD degree from Bangladesh Medical College, Bhaka, Bangladesh in 2003. She completed a residency at NY Methodist Hospital, Brooklyn, NY from 2006-2009 and a Geriatric fellowship at NY Hospital Queens, Flushing, NY from 2009-2010. Dr. Azam is board certified in Internal Medicine. She is in practice with LPG Hospitalist Group, 9981 S HealthPark Drive, Ste 159, Fort Myers, FL 33908 Tel: 239-343-5348

Cheryl D. Johnson, MD – Dr. Johnson received her MD degree from the Medical College of Georgia, Augusta, GA in 1999. She completed her internship and residency at Maricopa Medical Center, Phoenix, AZ from 1999-2003. Dr. Johnson is board certified in Internal Medicine and Pediatrics. She is in practice with LPG Hospitalist Group, 636 Del Prado Blvd., Cape Coral, FL 33914 Tel: 239-343-2222

Joel C. Pelissier, MD – Dr. Pelissier received his MD degree from the Universite d'Etat d'Haiti Faculte de Medecine, Port-au-Prince, Haiti in 2000. He completed his training at Brookdale University Hospital, Brooklyn, NY from 2009-2012. He is board certified in Internal Medicine by the American Board of Internal Medicine. Dr. Pelissier is in practice with the LPG Hospitalist Group, 2776 Cleveland Avenue, Ste 808, Fort Myers, FL 33901 Tel: 239-343-2222.

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MEMBERSHIP CHANGES

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PRESIDENT'S MESSAGE

BY SHARI SKINNER M.D.

Is It Better to Burn Out Than Fade Away?



Studies and surveys at The Mayo Clinic and elsewhere indicate that physician burnout rates are above 50% and increasing. In two particular surveys, the results of which were published recently in Mayo Clinic Proceedings, doctors' satisfaction with their work-life balance decreased, and those doctors meeting the criteria for burnout rose to 54% in the second survey.

Physician burnout is common enough to be a named and researched condition, which in and of itself is telling. According to a Chicago Tribune article on the subject: "When asked in separate studies by the Mayo Clinic and a RAND Corp./AMA collaboration what makes them satisfied in their work, physicians stressed the importance of a sense of autonomy that allows them to make the best decisions for their patients. As pressure mounts to treat patients quickly, and oversight by the government and insurance companies increases, these decisions can become compromised." The same article went on, "While doctors overwhelmingly say in these ongoing surveys that they appreciate the theoretical usefulness of electronic records, those in use haven't been properly streamlined. Current systems, says Russell Phillips, director of the Center for Primary Care at [Harvard Medical School](#), are not well-designed for the field and interfere with the face-to-face doctor-patient experience. 'Electronic records are burdensome and have made physicians into data entry clerks,' Phillips says." The feedback from some Lee County doctors tends to affirm this.

Physician burnout is common enough that we all probably know a few physicians who are retiring earlier than they otherwise would have because they've burned out – on silly rules, on overarching interference, on insurance fights, on increased scrutiny and non-peer online "reviews", on lawsuits and inscrutable regulations. These good people have decided they'd rather give up their profession, an honorable one for which they trained for years, one which had provided them with a sense of self, a sense of achievement, and, best of all, a feeling of helping people, than to continue down the road on which medicine finds itself descending.

Are they wrong? Is it wrong to deprive the community of a good doctor who could and should be helping patients, simply because the doctor is fed up with the whole mess? We've all taken an oath, after all, and undertaken a sacred duty to humanity. Shouldn't we stand and fight, withstand any assault, suffer any indignity, in order to serve our higher purpose? There is a doctor shortage coming to serve an aging population. Don't we owe it to them to practice as long as we can?

That is, of course, for each physician to decide. The question is more about what society expects from us than what we owe. Medicine in the foreseeable future will be more bureaucratized,

more frustrating and apparently less rewarding to physicians. It's impossible to fault the physician whichever choice she makes, but it's unavoidable to lament the inevitable lower quality of care for patients and lower quality of life for hard-working doctors. The new rules of medicine put physicians in a position of weakness – negotiating reimbursements, deciding how to practice, even to some extent what is best for our patients – and yet we are necessary for the health of the world! The country's and the world's expectations of us may not match our expectations of our careers. It's sub-optimal, to say the least, but this is the position in which we find ourselves, and we each have choices to make regarding our own mental health and well-being.

Things in other ways are getting better. Overall medical outcomes are still improving, and technology continues to advance, increasing lifespans and quality of life for all patients. Electronic Medical Records and Practice Management software can and should get better, given the freedom to innovate. Telemedicine is a reality, and as it improves physicians may see improved efficiency. Alternatives to Borg-like medical assimilations and conglomerations are beginning to arise. Hospitals are thinking about ways to improve outcomes.

The Lee County Medical Society is here for the health and well-being of our member physicians, and sometimes doctors just want to have fun. Our most recent meeting featured Mr. Steve Colgate, a Lee County resident who is a member of the Sailing Hall of Fame, has raced sailboats for more than fifty years, and owns the Colgate Sailing School with a presence on Captiva. Last year we featured author Hilary Hemingway and her husband, author Jeff Lindsay, who told us about their trips to Cuba looking for Hilary's uncle Ernest's legacy. We are having a family beach day in August, and we're always looking for ideas for meetings or outings to bring us together, whichever you choose – burn out or fade away. See you at the next meeting!



FMA President meets with LCMS board of governors May 6, 2016
Thank you to our host, Dr. Shari Skinner and Brian Kelley

At our last Membership Meeting on May 19, we had the privilege of having Mr. Steve Colgate present to the Society his Sailing Lessons of Life. Just a little history on Mr. Colgate. He is the founder, co-owner and Chairman of OffShore Sailing School which has locations in New York, at Fort Myers Beach and Captiva Island as well as the British Virgin Islands. His wife of 46 years, Doris Colgate is the co-owner, President and CEO of Offshore Sailing School. Steve is one of the foremost racing sailors in the United States and a pre-eminent sailing educator worldwide. He is also an Olympian and an America's Cup Sailor. He has authored several books and even had part in designing the Colgate 26 –a boat so successful for sail training that the US Naval Academy and the U.S. Coast Guard Academy have selected it for its training courses.



From the very presence of Mr. Colgate, you could tell he loved sailing and had a wealth of knowledge of life's lessons. As I listened, I couldn't help but to start to write them down.

1. Don't trust identical twins.
2. Don't do stupid stuff.
3. He who pays the bills can do whatever they want.
4. Delegate things you don't do well.
5. Doesn't cost anything to look.
6. Make sure you give credit where credit is due.
7. The one who gets the best start always has a leg up.
8. When opportunity knocks –take it!
9. Winning is the best revenge even when unjustly hurt.
10. What goes around comes around.
11. Just do it.
12. Always have integrity.

Even though he had a sailing story for each point, I couldn't help but take away the points to apply them to my life and those around me.

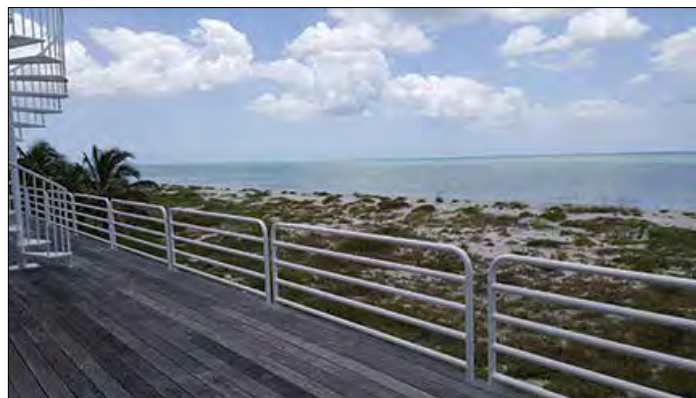


To elaborate on Dr. Skinner's President's Message about having fun, I wanted to share about two upcoming events for August.



We will have our 2nd Women in Medicine Event for the year on Thursday night, August 25 at Jennifer's Clothing Store off McGregor (see insert). This event will include a short fashion show. If you are interested in being a model, we still have 2 openings! Women, invite a friend and put this on your calendar as a refreshing night out.

On Saturday, August 27 the Society will be hosting a Family Fun Beach day. BBQ for lunch and fun for all. Bring your families, sunscreen and towels to enjoy this rare day on the beach! More details to follow online and via our weekly emails.



Oh and don't forget about our Twitter and Facebook! We update our social sites to include medical activities in the community, nonprofit involvement, new hires, news related to the medical industry and announcing our new members to the Society. We will also use this platform to announce any medical office that is closing for adverse weather or emergency.

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.



UNDIAGNOSED HEART DISEASE IN WOMEN POSES MALPRACTICE RISK

CONTRIBUTED BY: THE DOCTOR'S COMPANY

Differences in the early symptoms and signs of an impending heart attack in women may make diagnosis more difficult compared to men.

In a study of closed medical malpractice claims involving undiagnosed heart disease in women from 2011 to 2015, The Doctors Company found that in 70 percent of claims the patient died when her heart condition was not correctly diagnosed and 28 percent had heart muscle damage from myocardial infarction.

Failure to diagnose heart disease in women is often thought of as a problem in the emergency department (ED). However, the study found that in 28 percent of these cases, it was a primary care physician (PCP) who allegedly failed to diagnose the patient's heart disease.

Cardiologists (28 percent) and emergency medicine physicians (13 percent) were also named in these claims.

In the following case, failure to diagnose acute myocardial infarction resulted in death:

A 47-year-old obese woman presented to her PCP complaining of a burning sensation in her chest after eating. The patient reported a similar episode the prior day after eating lunch as well as increased heartburn over the last few weeks.

A review of the medical record reflected elevated blood pressures over the past six months and an elevated cholesterol level of 237 (mg/dl). On the day of the exam, her blood pressure was 160/90. She smoked, drank alcohol socially, and was unaware of a family history of coronary artery disease. A heart exam revealed normal rate and rhythm. The physician noted that the patient appeared diaphoretic; however, she wasn't in acute distress and was pain-free throughout the examination. An ECG revealed a left bundle branch block. Prior ECGs were not available for comparison. Suspecting reflux esophagitis (heartburn), the PCP advised the patient to take an antacid and to return if the symptoms continued.

Two days later, the patient called her PCP's office stating that her chest burning sensation continued. The nurse advised her to continue taking the antacid and scheduled an office appointment for the following day. The nurse advised the patient to go to the ED if she developed chest pain.

That night, the woman awoke with chest pain, nausea, and vomiting. She was taken to the ED for emergent coronary angiography, but died shortly after arrival.

To avoid such risks:

- Rule out myocardial infarction before arriving at a GI-related diagnosis such as gastric reflux as the cause of chest pain or discomfort.
- Consider cardiac risk factors such as obesity, smoking, hypertension, and hyperlipidemia.

- Offer patients same-day appointments when they complain of continued symptoms for which they were recently seen. If this is not possible, send them to the ED and document this in the medical record.

- Develop a written chest pain protocol.

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The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



"Our greatest happiness does not depend on the condition of life in which chance has placed us, but is always the result of a good conscience, good health, occupation and freedom in all just pursuits."

Thomas Jefferson



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LCMS VOLUNTEERS PERFORM STUDENT ATHLETE PHYSICALS

BY ABBOTT KAGAN II, MD

On Saturday, May 14, 2016, members of Lee County Medical Society volunteered their time to perform student athlete pre-participation physical examinations for the 2016 – 2017 school term at Bishop Verot High School.

This year we examined 98 student athletes. There were 69 males and 29 females. The exams took about 2.5 hours to complete, but additional time was required to review the results and make decisions about further referrals. This time requirement does not include set up time for the facility, nor does it include clerical and administrative time.

In all, we cleared 96 student athletes for sports participation. Two males were not cleared and were referred for cardiology consultation.

Two males and one female were referred to the school nurse for blood pressure monitoring.

We are especially thankful that we have been able to provide eye exams as part of our physicals for many years. This year I would particularly like to thank Dr. Travis Gresham who tested student athletes for visual acuity. Except for the ones who either forgot their contact lenses or did not bring their glasses (!) four additional individuals failed visual acuity testing and were referred for further evaluation.

Concussions are the "hot topic" in sports medicine these days, so we took special care to evaluate concussion history and return to play. Surprisingly, 25% of the student athletes we evaluated had a history of concussion (20 males and 4 females).

My most sincere thanks to all the physicians who graciously gave their Saturday morning to help these student athletes. You all are the greatest! Year after year you are there for me and the kids. Without your assistance, these examinations would never be possible.



front row, left to right: Drs. Mark Petrites, Thomas LaPorta, Jesus Mendiola, Abbott (Bo) Kagan *Back row, left to right* Drs. Larry Black, Lee Coghill, Doug Stevens, Don Moyer, Ray Kordonowy, Paul Liccini and Stu German, PA-C

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 *kypoplasties*) 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

2016 LCMS FMA DELEGATES



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About the FMA House of Delegates

The Florida Medical Association (FMA) House of Delegates is the legislative and business body of the FMA. Its members are the officers of the FMA, the elected members of the Board of Governors, and the delegates officially elected by the component societies, specialty societies, Specialty Society Section, Young Physicians Section, Medical Student Section, Resident & Fellow Section and the FMA Alliance. The House meets annually at a time and location determined by the FMA Board of Governors. It is the responsibility of the Speaker of the House to prepare the agenda and assure consideration and completion of its business. The business of the formal sessions of House is established by a blend of tradition and requirements of the Association's charter and bylaws, and includes:

- Setting policy for the FMA by acting on recommendations from the Board of Governors and resolutions presented by component county medical societies, recognized specialty medical societies, special sections and delegates.
- Hearing addresses and reports from the Treasurer, Speaker, and outgoing and incoming Presidents.
- Presenting awards recognizing distinguished work by members of the FMA and others whom the FMA decides to honor.
- Electing Officers, Board members and AMA Delegates.
- The FMA Public Policy Compendium provides a listing of the FMA's policy positions and directives adopted by the FMA House of Delegates and FMA Board of Governors.

FMA Annual Meeting 2016 - July 29 - 31, 2016
Disney's Yacht & Beach Club Resort, Orlando Florida



LIFE AS A RESIDENT

BY GREGORY STEPP, MD., RESIDENT, FSU/LMHS MEDICAL RESIDENCY PROGRAM


In the blink of an eye a year comes and goes. This axiom holds ever true for a medical resident during their internship year. For me and my fellow interns it has been memorable, challenging, rewarding and at times quite the grind. This community has been there every step of the way to support us in our professional endeavors, especially local physicians, and we are more than grateful to them. The decision to relocate to Lee County to train at the FSU affiliated FM residency at Lee Memorial Health System was a wise choice for me personally and I'd wager my resident colleagues all share that sentiment. Our mission in particular is integral to the care of the underserved and uninsured populations in the surrounding area-and we take this mission very seriously with great commitment and an attitude towards patient-centered service and care. That said I've experienced the health system on the other side of the fence with very positive outcomes.

Within 2 weeks of arriving to the area, my wife and I became personally involved in the medical system by surprise. She ended up needing urgent surgery to remove an ovarian tumor, thankfully benign, while at the same time I was assigned to cover our inpatient medical service as a brand-new intern. With complete support from my program I was there for her procedure and the following morning able to complete work rounds with my team and with a short walk and elevator ride to the 6th floor, take my wife home to recover. A win-win. The

entire process was seamless and the care at Lee Memorial was superb-from her Gyn-Oncologist, nursing, OR staff, etc. My pride in the organization was confirmed after that experience and again and again going forward. That tumor may have been interfering with her fertility and whether or not the whole thing was coincidental she became pregnant within a month and gave birth to our son Felix at Health Park Medical Center this past May-another positive experience with the health care team in this area.




The winds of change have arrived with the graduation of senior residents who now move on to various positions around the local area, across the country and even the world! Also, we are eagerly anticipating the arrival of the newly selected intern class of 2019. Please welcome them as you have done for us! My class and I will become second year residents. Our mission will continue to serve the people of SW Florida. Should a need or issue arise, as did in my family's case, this community and residency program will be here to lend a helping hand and keep the residents moving forward in their journey along the medical education continuum. What more could we ask for?



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

RELOCATING , MERGING, OR CLOSING YOUR MEDICAL PRACTICE:

BY SUSAN SHEPARD, MSN, RN, DIRECTOR, PATIENTS SAFETY EDUCATION, THE DOCTORS COMPANY

Physician practices undergo closure for many reasons, including physician illness, death, relocation, or the physician's decision to sell, practice solo, join another group, or retire. Especially in this time of healthcare mergers, more physicians and practice administrators are facing changes. Of paramount concern during any change in practice is the continuity of patient care to ensure that no patient is neglected.

Ensuring Patient Safety in an Emergent Practice Change

If the practice change is abrupt, as in the circumstance of a death, the following safety measures will assist in ensuring patient safety and continuity of care:

- Review all previously scheduled appointments to determine the appropriate action: Immediately contact a physician of the same specialty to arrange patient care, or provide patients with a list of practitioners of the same specialty within the area. Transfer all inpatient care to another physician immediately. Use the services of the hospital risk manager if you are unable to locate an available physician.
- Ensure the availability and accessibility of office medical records as needed for the continuity of patient care.
- Post a notice of closure in the office and in the local newspaper.
- Inform all physicians who customarily refer patients to the practice and all contracted managed care organizations, local hospitals, and the medical malpractice carrier.

Important Steps for All Practice Changes

In any type of practice change, notify the following individuals and entities:

- All patients and legal representatives in the "active" caseload. This includes any patient seen in the past six months to three years or others the physician considers "active" and any patient in an acute phase of treatment.
- All peer physicians within the community.
- Local hospitals and medical societies.
- All third-party payers (to include Medicare and Medicaid) and managed care organizations.
- The DEA (if you are retiring or if you are moving to another state).
- The state licensing board.
- Professional associations in which you hold membership.
- Your CPA or financial adviser.
- Your employees.
- Landlords, lenders, and creditors.
- Insurers that cover the practice, the employees, and the physical facility.

Draft a letter to each patient that contains all of the necessary details. The same letter can be used for everyone listed above. It is recommended, if possible, that letters be sent by first class mail and that a copy of the letter with the return receipt be kept. If a patient is considered high risk, consider sending the letter certified with return receipt requested. Post a notice in a local

newspaper for at least one month to inform inactive patients or those who have moved away. Include directions for obtaining acute, critical, or emergency care if a new physician has not been selected by the time the practice closes.

Send the notice at least 60 days prior to the anticipated closure. This gives patients an opportunity to locate a new physician and to obtain copies of their medical records without undue stress.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.



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A 39-year-old mom raising her two girls alone after her husband died unexpectedly of a heart attack barely into his 40s while coaching his daughter's soccer game.

A 41-year-old dad raising his twin 9-year-old girls after their mother died from cancer a few months ago.

A 29-year-old mother and father raising their 8-year-old son in grief, after his 12-year-old brother drowned last year, leaving him an only child.



These are the very real stories of just three of the more than 40 families now a part of Valerie's House in Southwest Florida. They come to Valerie's House twice a month to bond, connect, share, and heal together. Joy is much more common than tears at Valerie's House. Children grieving learn they aren't the only ones. They learn how to memorialize their

lost loved one and that it's okay to talk about the good times and express their fears about the future. They have another family in Valerie's House... a family that knows exactly what they are going through.

Valerie's House, Inc. is a not-for-profit named after founder Angela Melvin's mother, Valerie Melvin, who died in a car accident in Fort Myers in 1987 when Angela was just 10 years old.

The need in Southwest Florida is tremendous. More than 3,000 families have suffered the loss of a parent or child in the past two years in our community. Before Valerie's House, these families were often left to grieve on their own and in silence, as death and grief are still unspoken, taboo subjects for many people. Our mission at Valerie's House is to help children and families work through the loss of a loved one together and go on to live fulfilling lives. Our vision is that no child will grieve alone.

Valerie's House uses arts and music to help children identify, express and process their grief. While children are meeting and bonding, their adult caregivers are also meeting in an adjacent room in our "home away from

home," sharing in their own grief and supporting each other as they raise children after a loss in their family.

Valerie's House first opened its doors in January 2016 with the donation of a home in the Dean Park area near downtown Fort Myers from local businessman Stephen Bienko, CEO of College Hunks Moving. In just six months, we are serving 64 children and their caregivers. Locations in both Naples and Cape Coral are planned for the fall 2016.



If you know of a family who could benefit from Valerie's House, would like to volunteer or support us financially, please reach out. We have big plans to serve the grieving community in Southwest Florida and need your support.

www.valereshouseswfl.org
angela@valereshouseswfl.org

"Where Children Learn Loss
Doesn't Have to Limit their Dreams"



**To Protect, Promote & Improve The Health of All People in Florida
Through Integrated State, County & Community Efforts.**

Programs & Services	
➤ Immunizations – Child, Adult and Travel	➤ Vital Statistics – Birth and Death Certificates
➤ Women, Infants, Children Nutrition Program (WIC), Breastfeeding Welcome Center	➤ RX Assistance – Diabetes and Epilepsy
➤ School Health Program	➤ Tuberculosis Screening, Testing & Treatment
➤ AIDS Drug Assistance Program	➤ Sexually Transmitted Diseases Testing & Treatment
➤ HIV/AIDS Prevention, Education, & Testing	➤ HIV/AIDS Primary Care
➤ Pregnancy testing and Insurance Applications	➤ Nurse Family Partnership – Maternal and Child home visiting
➤ Sunny Smiles Across Florida – Dental sealants & Fluoride Treatments	➤ Hepatitis Prevention & Education – Hepatitis A & B immunizations
➤ Epidemiology/Communicable Disease Control Services – Disease Reporting & Surveillance	➤ Health Promotion, Wellness & Tobacco Education
➤ Environmental Health – Regulates, inspects and permits to protect community health	➤ Reach & Connect – Florida Breast and Cervical Cancer Program
➤ Refugee Health Program – Screening and referral health services including immunizations	➤ Environmental Engineering – Regulates utility and some private drinking water systems, public pools and beaches

Locations: 83 Pondella Road, North Fort Myers and 3920 Michigan Avenue, Fort Myers
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