

Bulletin

Editor: Mary C. Blue, M.D.

May 2016 • Volume 40 • Issue 5



LEE COUNTY
MEDICAL
SOCIETY INC.

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 Dr. Edwin Guttery



CALENDAR OF EVENTS

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

Thursday, May 19, 2016 - 6:30 pm - 9 pm

LCMS May General Membership Meeting

Lexington Country Club

16257 Willowcrest Way

Fort Myers, FL 33908

SPEAKER:

Steve Colgate - "Sailing Lessons Applied to Life"

Thursday, June 30, 2016 - 6:30 pm - 8:30 pm

FSU/LMHS Medical Residency Physician Welcome Social

Northern Trust

7960 Summerlin Lakes Drive

Fort Myers, FL 33907

MEMBERSHIP NEWS

Richard Chazal, M.D., FACC, assumed his role as president of the American College of Cardiology during the Convocation Ceremony held in conjunction with the ACC's 65th Annual Scientific Session in Chicago, IL.



Dr. Chazal is a senior cardiologist and the Medical Director of the Heart and Vascular Institute for Lee Memorial Health System. He also serves as courtesy assistant professor of medicine for the University of Florida and clinical assistant professor of medicine for Florida State University. Chazal has practiced clinical cardiology in Fort Myers since 1983 with expertise in echocardiography, diagnostic catheterization and coronary computerized tomography angiography. During his tenure, he has been a participant in multiple clinical trials.

During his presidency, Chazal said he plans to ensure the College keeps its focus on its mission to transform cardiovascular care and improve heart health and on helping its members provide their patients with the best possible care.

The American College of Cardiology is a 52,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health.

MEMBERSHIP NEWS *(continued)*

NEW APPLICANTS

Alfred C. Gitu, MD – Dr. Gitu received his MD degree from the University of Nairobi, Nairobi, Kenya in 1994. He completed an internship and a residency at Self Regional Healthcare Family Practice, Greenwood, SC from 2003-2006. He is board certified by the American Board of Family Medicine in Family Medicine. Dr. Gitu is in practice with Lee Physician Group, 2780 Cleveland Avenue, Ste 709, Fort Myers, FL 33901 Tel: 239-343-3831.

Nima Mowzoon, MD – Dr. Mowzoon received his MD degree from the University of Miami, Miami, FL in 2000. He completed his internship, residency and an EMG fellowship at the Mayo Clinic, Rochester, MN from 2000-2005. He is board certified by the American Board of Neurology and Psychiatry. Dr. Mowzoon is in practice with Telespecialists, LLC & Virtual Neurology, LLC, 15050 Elderberry Lane, Fort Myers, FL 33907 Tel: 239-208-2212.

Avra Bowers, MD – Dr. Bowers received her MD degree from the Medical College of Pennsylvania, Philadelphia, PA in 1991. She completed her internship and residency at Reading Hospital and Medical Center, West Reading, PA from 1991-1995. Dr. Bowers is board certified by the American Board of Internal Medicine in Internal Medicine. She is System Medical Director of Outpatient Clinical Integration and Population Health for Lee Memorial Health System, 9800 S HealthPark Drive, Ste 200, Fort Myers, FL 33908 Tel: 239-343-6517.

DOUGLAS S. MCCALL, MD **8/29/1936 - 1/25/2016**

Dr. Douglas Samuel McCall, LCMS retired member, of Jupiter, Florida passed away on January 25, 2016 at the age of 79.

He formerly lived in Islamorada and Fort Myers, Florida. A native of High Point, North Carolina, he graduated from the University of North Carolina at Chapel Hill and Jefferson Medical College in Philadelphia, Pennsylvania. Before entering private practice as an Orthopedic Surgeon, he served his country at Barksdale Air Force Base in Louisiana

"Doc" as he was affectionately known, is survived by his loving wife, Esta Marie Mensore McCall, daughters, Kathy (Andrew) Burke and Karen (Monty) Murray and grandchildren Jack, Regan and Reilly. He is also survived by his stepdaughter Katie (Richard) Garner and two granddaughters, Emma and Maren. Doc loved shooting pool, fishing, playing the classical guitar, telling a joke or two, and most of all, his family.

A celebration of life will be held later in Islamorada, Florida



MEMBERSHIP CHANGES

Deceased

Douglas McCall, MD

Resigned

Michele Blair, DO
Larry Eisenfeld, MD
Alberto Figueroa, MD
Cayce Jehaimi, MD
Brice Tompkins, MD
John Tillett, MD

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PRESIDENT'S MESSAGE

By SHARI SKINNER M.D.



The Florida 2016 Legislative Session concluded on March 11. The FMA tracked 211 bills and numerous amendments relevant to the practice of medicine.

Following are highlights of some of our key legislative issues.

Legislation That Passed

HB 471 Hospital Obstetric Department Closures

When a decision has been made to close an obstetric department, hospitals must now provide 120 days' notice to physicians with medical staff privileges at their facilities.

HB 81 Miami-Dade Infectious Disease Elimination Act (I.D.E.A.)

The FMA's Medical Student Section spear headed this. The legislation authorizes the University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, unused needles and syringes to prevent the transmission of HIV/AIDS and other blood-borne diseases among intravenous drug users.

HB 651 Catastrophic Fund Exemption for Medical Malpractice

Physician medical malpractice insurance premiums were made exempt from the Hurricane CAT (Catastrophe) Fund Assessments several years ago. The exemption was set to expire in 2016 but has been extended to 2019. This saves Florida physicians from having to pay a 10% assessment on their medical malpractice insurance premiums.

HB221 Prior Authorization

This bill includes a provision that requires a health insurer to use a uniform, two-page prior authorization form, as approved by the Financial Services Commission in consultation with AHCA, to obtain a prior authorization for a medical procedure, course of treatment, or prescription drug benefit. This creates uniformity and will lessen the burden on physicians by streamlining the process.

SB 676 ARNP and PA Prescribing

The FMA worked to reach a compromise that would allow Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) to prescribe controlled substances under a physician protocol. The bill limits prescribing to a seven-day supply, prohibits prescribing of psychiatric mental health controlled substances for children younger than 18 years old unless the ARNP is a psychiatric nurse, and prohibits prescribing of controlled substances on the premises of a pain management clinic. The bill updates the grounds for disciplinary actions against an ARNP or PA for violations. The House companion, HB 423, did not contain the above-mentioned restrictions and the FMA was able to secure the Senate language for final passage. Florida was the last state in the country to allow controlled substance prescriptive rights for ARNPs and PAs.

HB 221/ SB 1442 Surprise Medical Bills in the Emergency Setting

The FMA worked tirelessly on the issue of balance billing and eventually was able to reach a compromise. Non-contracted physicians will no longer be able to balance bill PPO patients for ER services, or services provided in hospitals where the patients had no ability to choose the physicians. Physician payment will be the lesser of (1) the physician's charges, (2) the usual and customary charge for similar services in the community where the services were provided, (3) or the mutually agreed upon charge between the physician and insurance company.

If the physician disagrees with the payment rate, the bill provides for a dispute resolution process. The physician or the health insurer may offer to settle the claim dispute. If the offer is not accepted and the final order amount is more than 90 percent or less than 110 percent of the offer amount, the party receiving the offer must pay the final order amount to the offering party. The amount of an offer made by a physician to settle an alleged underpayment by the health insurer must be greater than 110 percent of the payment amount the physician received. The amount of an offer made by a health insurer to settle an alleged overpayment to the physician must be less than 90 percent of the alleged overpayment amount by the health insurer.

This was an improvement from previous versions of the bill, which would have mandated an unfair arbitration resolution process and set payment at less favorable rates.

SB 964/HB 31 Prescription Drug Monitoring Program (PDMP)

Since the implementation of the Prescription Drug Monitoring Program (PDMP), only the pharmacist, prescriber, or dispenser could access the PDMP database. This restriction created inefficiencies, as physicians were not able to delegate this task to designees, cutting into patient time and other important responsibilities. This allows a designee of a pharmacist, prescriber or dispenser to have access to the database.

HB 941 Expedited Partner Therapy

The Department of Health (DOH) package primarily made multiple changes to programs overseen by the DOH. Included in the package was a provision that allows a physician licensed under chapter 458 or 459 to provide expedited partner therapy if the patient has an STD, has engaged in sexual activity before the diagnosis, and indicates that his or her partner is unlikely to seek clinical services.

HB 7087 Telehealth

The Florida Legislature once again took up the task to create Telehealth legislation. The FMA worked with the bill sponsors and was adamant that Florida licensure was the only way to ensure the safety of Florida patients via telemedicine. HB 7087 bounced between the House and Senate several times.

Ultimately, the passing bill only authorizes AHCA to conduct a study on Telehealth utilization and insurance coverage and creates the Telehealth Advisory Council, which will provide recommendations based on the information collected in the study no later than June 30, 2017

HB 5001 Free and Charitable Clinics

The FMA worked with the Florida Association of Free and Charitable Clinics, Inc. (FAFCC) to successfully secure funds in the amount of \$10,000,000 to the FAFCC. The appropriation provides grant funding to support free clinic operating costs and the expansion of access to health care services for low-income and uninsured persons. Funding will focus on delivery of direct patient care and expansion of clinic and network capacities to provide the same. The allocation methodology ensures that funds are distributed such that the free clinics are able to serve the needs of the greatest number of low-income and uninsured persons.

HB 1175/ SB 1496 Transparency in Health Care

Due to significant changes in health care delivery and payment, the Legislature sought to create more transparency in health care costs. This requires AHCA to contract with a vendor for an all-payer claims database, which will provide an online, searchable method for patients to compare physician price and quality, and a Florida-specific data set for price and quality research purposes. HB 1175 further requires a facility to provide an itemized statement or bill within seven days after the patient's discharge or upon a request, whichever is later.

Initially, the limitations for the vendor requirements would have allowed for only one known vendor to submit a bid. The FMA worked with the bill sponsor to create a more open bidding process for potential vendors to ensure the best database. The FMA was also able to combat a provision that would have allowed the consumer advocate to set the rate for fair charges. If a physician charged more than the set fair rate, the physician would then be subject to disciplinary actions by the Board of Medicine. The FMA did not think this was a fair provision and was able to strike out the language before final passage.

Legislation That Failed

HB 1277/ SB 1626 Foreign-Trained Physicians

This would have provided an alternative option for graduates of foreign medical schools to use to meet the education requirements for licensure by examination. The FMA was concerned that this additional option was not adequate under current Florida licensing standards. As a result of the concerns raised by the FMA, this bill died in committee. The FMA is committed to maintaining the highest standards of licensure in the country.

HB 37/SB 132 Direct Primary Care

Direct Primary Care (DPC) is a primary care medical practice model that eliminates third-party payers from the primary care

physician-patient relationship. The FMA supported legislation that would have provided that a DPC agreement and the act of entering into the agreement are not insurance and not subject to regulation under the Florida Insurance Code. The bill would have also exempted a primary care physician or primary care group practice from any certification or licensure requirements in the Code for marketing, selling or offering to sell an agreement. HB 37/SB 132 successfully passed through all referenced committees and passed through the House unanimously, but was never taken up in the Senate.

HB 85/ SB 212 Ambulatory Surgical Centers

This related to Ambulatory Surgical Centers (ASCs) and Recovery Care Centers (RCC). HB 85 changed the allowable length of stay in an ASC from less than one working day to no more than 24 hours, which is the Medicare payment length of stay standard. It also defined an RCC as a facility with the primary purpose of providing recovery care services, to which a patient is admitted and discharged within 72 hours, and which is not part of a hospital. The Senate was not comfortable with the RCC component and removed the language. The Senate additionally added Direct Primary Care, Fail First and One Beacon provisions. The House rejected the additions and stripped HB 85 back to its original form. The bill eventually died in returning messages.

Health Insurance Legislation

The FMA supported legislation that would have prevented retroactive denials, allowed physicians to override fail first protocols, and provided a fix to One Beacon. The insurance companies vigorously fought our attempts to accomplish these goals. Fail first and One Beacon were in a package (HB 85) that passed out of the Senate but was rejected by the House. Retroactive denial passed through the Senate on multiple vehicles (SB 676, HB 85 and HB 221) and was also refused by the House. The FMA will continue fighting for legislation to eliminate these burdens on physicians.

For more information please visit the FMA website. The annual FMA meeting will be July 29-31. We welcome any resolutions to take to the house of delegates. Please consider membership in the FMA in addition to the Lee County Medical Society. Your voice is important! See you at the next meeting.

FMA Annual Meeting - July 29 - 31, 2016

Its that time of year again. We encourage you to put into writing ideas you have that will help organized medicine. The LCMS Delegates will present your Resolution(s) at the Annual Meeting with hopes of effecting change that will allow you to better serve your patients.

Please see enclosed Resolutions flyers regarding the process and formatting of writing Resolutions. The LCMS Staff can help as needed.

Creation of the Society for Reproductive Endocrinology and Infertility Forum

Social media, as defined by Wikipedia, the social encyclopedia, is a computer-mediated tool that allows people to create, share, or exchange information, career interests, ideas, and pictures/videos in virtual communities and networks. A Google search for the term yields 1.2 billion hits and you are hard pressed to get through your morning coffee without being asked to give or receive information through one of the many outlets that fall under this umbrella.

Given its meteoric rise, it was only a matter of time before electronic connectivity's impact on the medical field was felt. A Pubmed search for "social media" as the keyword in 2007 would have yielded zero search results, although "social networks" were noted to have "considerable opportunity to advance the public health" (1). The first four results for "social media" were listed the ensuing year in 2008 followed by an exponential rise culminating in nearly 4,000 results in the medical literature as of January 2016. Not only is it being studied in terms of patient and physician interaction, it has also become a "hallway forum" for the old curbside consultation. There is little doubt that the way the world electronically communicates is changing, and the medical field is no exception.

This evolution in medical communication brings along with it some significant concerns. Many question the validity or trustworthiness of information dispersed on social media given the lack of requirements or disclosure of user qualifications. Most platforms require only an internet connection, circumventing the traditional gatekeepers previously in place in the media. A second concern is the existence of disparities in social media, less having to do with access in modern society, and more having to do with the desire to learn the new skills required to function in this quickly evolving environment—the so called "digital divide."

These issues take a backseat to privacy which is of paramount concern when discussing social media in the medical community. In the era of big datamining, electronic fingerprints are constantly being captured, processed, and analyzed. Indeed, electronic tracking via third party applications allow data mining without user consent or knowledge. Social media integration in the work environment can lead to conflicts with employees and employers as popular platforms, such as Facebook, Twitter, Instagram, and others, are used to fulfill professional roles when they are better suited for social communication.

These concerns over both patient and personal confidentiality, reputation, and risk management need to be acknowledged and squarely addressed. In a study of 57 general surgery residency programs in 2014, 32% of residents had publically identifiable

Facebook profiles that contained unprofessional content ranging from binge drinking and sexually suggestive photographs to clear violations of the Health Insurance Portability and Accountability Act (HIPAA) in 26% of cases (2). In response to this growth and in an attempt to establish guidelines for its membership, the American Congress of Obstetricians and Gynecologists issued Committee Opinion 622 in February 2015, which addressed the use of social media

by its members (3). Although Facebook and other social media sites allow users to control content and privacy settings, and to restrict what can be viewed publicly, these settings are not globally understood and used by the average user, let alone a physician managing his or her own account.

This level of proficiency with social media requires effort to attain and may be another reason physician shy away from these platforms professionally. Furthermore, the level of evidence derived from an online platform amounts to expert opinion and fails to meet the standards of evidence based medicine. However, in a field where knowledge gaps abound, expert opinion and curbside consultations may represent the highest level of available evidence. The field of reproductive medicine certainly has felt this need for a forum allowing one to crowd-source multiple expert opinions in a secure space. This resource, until recently, was lacking.

The SREI approach to the problem

In 2011, the Society for Reproductive Endocrinology and Infertility (SREI) formed a new committee, the SREI Online Networking and Communications SONC) committee to assist its members in discovering a means to communicate in a more secure, private, and focused manner. The SONC committee surveyed all the members of the SREI, investigating how members communicated. The electronic survey yielded 188 respondents who detailed their communication and networking preferences as practicing reproductive endocrinology and infertility physicians. Not surprisingly, the most common forms of social and electronic communication remain voice telephone calls and e-mail. However, almost one-third regularly communicated with colleagues via text messaging, 14% via Facebook, 11% via LinkedIn, 6% via group mailing lists (listservs), 3% via Google Groups, and 2% via Twitter. When asked about the most preferable means of communication, only 5% stated they preferred a method that allowed for group interaction. Though not surprising, given the issues with social and group communication platforms, this does not mirror the technologic revolution experienced in nearly all other facets of society.

This low level of utilization may represent user dissatisfaction or distrust of currently available platforms, most of which do not provide a private, secure, and enriched audience for their communication goals. Indeed, when asked if they would be interested in participating in a private member only forum hosted by SREI for physicians, 80% responded favorably. The most common reasons cited in the needs assessment were a desire for general networking, a place to present difficult cases, a mechanism to get advice, and a place to discuss technology and protocols—the old curbside consultation!

Creation of the SREI Forum

The SREI Forum was created as the "virtual hallway" in which curbside consultations across the spectrum, from patient care, to technology validation and implementation, to best business practices, to general networking, could occur concomitantly in a safe and secure space. The SREI Forum is an online meeting

place that brings SREI members and associate members together in a safe and private manner to share knowledge, research, and resources with fellow SREI members who are dedicated to the concept of promoting the highest quality in patient care in REI. The Forum is a private, secure, password-protected, and moderated forum embedded within the SREI website and accessible from SREI homepage. The Forum is searchable, archive-able, and easy to access and read. The Forum focuses on difficult cases, general networking, new technologies and protocols, topics of interest, business practices, and camaraderie.

Once membership in SREI is verified, the user is able to create a unique username and password which gives them access to the Forum and discussion board. Members can create their profile, including name, affiliation, and even a digital avatar by uploading a photo. This allows enhanced interaction when reading and posting in the various active discussions. Additionally, members can send private messages, "like" a post, and search for other members. Users can post comments, start a new topic, or even create a poll. The Forum can be found at <http://www.forum.socrei.org/>.

Once launched, participation and use rose quickly. Currently there are more than 500 active users, 38 forums hosting about 300 active communication threads, and almost 1,000 individual posts. The SREI forum has emerged as a promising solution that balances the need for group communication with security and privacy in a central digital gathering area. It evolved to include "VIP" guest moderators, leaders across the field of male and female reproductive medicine, who lend their expertise to practitioners across the country in ways no curbside consultation could ever have been imagined to take place. The rapid adoption of the SREI Forum may also be explained by the size of the population it addresses. Most SREI physicians are familiar, at least in part, with one another, making the interactions eponymous. The same cannot be said of a forum for internists, for example, where the sheer volume of members would make everyone virtually anonymous.

Both society and the practice of medicine are evolving in a setting of ever-greater connectivity. The power of coming together to solve problems is not novel, but has never been so accessible. Indeed, many would argue it might be too accessible and perhaps fragmented. There is a need, particularly in the setting of professional and medical discussions, for dedicated platforms for these group communications and networking. In its early iteration, the SREI forum has emerged as just that: We hope to see you in the digital hallway next time you need to curbside your colleagues

The question is no longer whether social media will affect our lives and our practice. Moreover, the issue is not if the SREI forum is novel or useful. The question is why you are not using it! Talk to you soon, in the Forum.

Online Networking and Communications Committee: Lowell T. Ku, M.D., Craig R. Sweet, M.D., Mira Aubuchon, M.D., Kenan

Omurtag, M.D., Angela Thyer, M.D., Micah Hill, D.O., Vasili Goudas, M.D., Christopher Montville, M.D., Rashmi Kudesia, M.D., Jani Jensen, M.D., John Storment, M.D., Terrence Lewis, M.D., and Jason Fransiak, M.D. Jason Michael Fransiak, M.D. a Lowell Teh-en Ku, M.D. b Kurt T. Barnhart, M.D., M.S.C.E.c

Online Networking and Communications Committee: a) Rutgers, Robert Wood Johnson Medical School, Reproductive Medicine Associates of New Jersey, New Brunswick, New Jersey; b) Dallas IVF, Frisco, Texas; and c) Department of Obstetrics and Gynecology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

<http://dx.doi.org/10.1016/j.fertnstert.2016.02.007>

You can discuss this article with its authors and with other ASRM members at <http://fertilityforum.com/fransiakj-social-media-sreiforum/>

REFERENCES

1. Maibach EW, Abrams LC, Marosits M. Communication and marketing as tools to cultivate the public's health: a proposed "people and places" framework. BMC Public Health 2007;7:88.
2. Langenfeld SJ, Cook G, Sudbeck C, Luers T, Schenarts PJ. An Assessment of unprofessional behavior among surgical residents on Facebook: a warning of the dangers of social media. J Surg Educ 2014;71:e28-32.
3. American Congress of Obstetricians and Gynecologists. Professional use of digital and social media. Committee opinion no. 622. Obstet/ Gynecol 2015;125:516-20.

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



THE RAMIREZ REPORT

By JULIE RAMIREZ, LCMS EXECUTIVE DIRECTOR



The month of April has been filled with exciting events. We started out the beginning of the month hosting a Pretty in Pink Women in Medicine social hour. A big thank you to our sponsors, Radiology Regional and Michele Losapio State Farm Agency and to Robb and Stucky for their beautiful venue. Everyone enjoyed themselves and left the party with a rose in their hands! A week after that President Skinner hosted our bi-annual

Retiree Luncheon at the Society office. A good crowd of 20 came out to enjoy lunch together and catch up on old times.



Women in Medicine Social

We rounded out the end of the month with our first meeting discussing our Annual Medical Service Awards dinner that will be held in early 2017. This year we are collaborating more with a few nonprofits that provide healthcare in our community. Much excitement was born in this meeting and we are looking forward to next year's celebratory event.

The next few months will be filled with graduations, weddings, babies and summer vacations. Remember to take the time to enjoy the moment. Treasure the memories. As the old saying goes, "Yesterday is HISTORY, tomorrow is a MYSTERY, but today is a GIFT."



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

Each month, a resident gets to rotate through various specialties. This particular month I was working with a psychologist, trying to understand the behavioral component to medicine. I had the opportunity to attend group meetings for people of the Ft. Myers community in order to learn what some of our patients go through, when battling different addictions. The first time I had gone I felt out of place; not really knowing where to sit or who to talk to. This time around I walked right in, like I was one of them! I took my seat and tried to experience the whole thing with different lenses.

I took a seat next to a young girl who I guessed was maybe 15 or 16 years old. She was carrying 3 books, all of which dealt with alcoholism. She told me that she had recently started college. To my left was a woman in her 60's who had been sober for 15 years, and a few chairs down was a lady who had been sober over 50 years! It was not only amazing that she had managed to stay sober that long, but also that she was still attending meetings and being a supporter of those in need.

Another man stood at the podium after all the introductions and creeds were read aloud. He talked about his misfortunes in his youth, and spoke of a gentleman who had come to his aid numerous times, especially when he needed him most. During his speech I got to thinking about life, and how fortunate we truly are. From the stories he told, he had had several near death experiences due to alcoholism. It tore his life apart; he lost

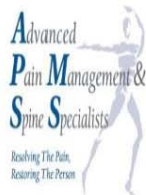
his job, his family and his friends. This is a common tale to many men and women who battle alcoholism. Although I myself have never dealt with this, it reminded me that life is precious.

Sometimes we get a second or a third chance to make things right, to fix our wrongs and ask forgiveness to those we have offended. Sometimes one chance is all we get. I sympathize with the members of this group who have suffered great losses due to addiction. I'm proud of them for what they have done to try and correct the mistakes they made in the past; so many of them have come so far! Alcoholism wasn't the end for them. Many became sober and went on to lead very successful lives.

Knowing their personal stories really makes them human, and it reminds me that everyone is going through something. It is so easy to become jaded these days, especially when we have to deal with complicated, very sick patients. I am glad I was able to have this experience, because it taught me to see things from another perspective, to remember to be patient, and to keep an open mind. Yes, we are tired from working long, hard hours. But these patients are not just another ER admission or another appointment in the clinic. They are also tired and they need us to help, motivate and support them.



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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.

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WOMEN IN MEDICINE SOCIAL “PRETY IN PINK” APRIL 7, 2016

Thank you to our host and Sponosrs: Robb Stucky Intl., Radiology Regional Center & Losapio State Farm





April Retiree Luncheon April 14, 2016





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