

# Bulletin

*Editor: John W. Snead M.D.*

November 2017 • Volume 41 • Issue 9



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:  
Total Solar Eclipse  
Howard Sheridan, MD

## TOTAL SOLAR ECLIPSE (COVER PHOTO) BY HOWARD SHERIDAN, MD

A total solar eclipse has long been on my bucket list. My opportunity came this past August when I was only two hours away from the path of totality in Rexburg, Idaho. I spent an inordinate amount of time reading about the techniques, camera settings, and filters required for a shot at getting decent photos of the event. Memories of my fifth grade art class came rushing back as I found that my skills in cutting cardboard circles, sandwiching a flimsy paper thin filter, and creating a cardboard cylinder to fit over the camera lens had not improved since my childhood.

Rexburg was crowded and my vantage point was a large field with at least another 200 spectators . . . all of us filled with anxious anticipation. There was great camaraderie as we awaited the big event.

A total eclipse is an emotional and almost spiritual experience difficult to describe. Day turns to night, the temperature immediately drops and you are surrounded with complete silence. My images cannot really capture the wonder of it as time seems to stand still for a few moments.

After 10 or 15 seconds into totality the crowd erupted and began cheering. For a few minutes all our daily concerns were meaningless compared to the cosmic event we had just witnessed.

It wasn't long however that reality set in again as I found myself stuck for seven hours in bumper to bumper traffic on my way home to Montana. Was it worth it? You bet! Would I do it again? In a second!

# BUCKET LIST



## CALENDAR OF EVENTS

rsvp online at [www.lcmsfl.org](http://www.lcmsfl.org) or call 239-936-1645

### COCKTAIL HOUR AT CRU

NOVEMBER 10, 2017

6 P.M. - 7:30 P.M.

RSVP TO [WWW.LCMSFL.ORG](http://WWW.LCMSFL.ORG)

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GENERAL MEMBERSHIP MEETING  
NOVEMBER 16, CYPRESS LAKE COUNTRY CLUB  
SEE INSERT FOR MORE INFORMATION

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LCMS HOLIDAY PARTY  
DECEMBER 4TH  
GULF HARBOUR YACHT & COUNTRY CLUB  
SEE PAGE 15 FOR MORE INFORMATION

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DECEMBER 12, MACRA / MIPS PRESENTATION  
JARROD FOWLER, FROM FLORIDA MEDICAL ASSOCIATION  
HILTON GARDEN INN - AIRPORT  
SEE INSERT FOR MORE INFORMATION

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*Save the Date*  
JANUARY 26, 2018 - ANNUAL MEDICAL SERVICE AWARDS  
FEBRUARY 3, 2018 - FUN RUN - 5K - LAKES PARK

All RSVP's can be made  
online at [www.lcmsfl.org](http://www.lcmsfl.org)

## MEMBERSHIP NEWS

### Retired

Patrick M. McGookey, MD

### Relocation

David Gutstein, MD  
Millennium Physician Group  
15740 New Hampshire Court, Ste B  
Fort Myers, FL 33909  
Tel: 239-466-8838 Fax: 239-466-7669

## NEW APPLICANTS

**Khalid Alam, MD** – Dr. Alam received his medical degree from Bolan Medical College, Quetta, Pakistan in 1983. He completed an Internal Medicine internship and residency at Henry Ford Health System, Detroit, MI from 1987-1990, along with a Gastroenterology fellowship at Henry Ford Health System, Detroit, MI from 1990 – 1993. Dr. Alam is in practice with LPG Gastroenterology, 16410 HealthPark Commons, Fort Myers, FL 33908. Tel: 239-343-6202 Fax: 239-437-8537. Board Certified: Internal Medicine, Internal Medicine - Gastroenterology.

**Harry Alberti, MD** – Dr. Harry Alberti received his medical degree from University of PR Medical Sciences Campus, San Juan, PR in 1987. He completed a Family Medicine residency from 1987-1990 at University of PR Medical Sciences Campus, as well. He is in practice with Lee Health Administration, Cape Coral Hospital, 636 Del Prado Blvd., S., Cape Coral, FL 33990. Tel: 239-424-2305 Fax: 239-424-4040. Board Certified: Family Medicine

**Rebecca Appelgren, MD** - Dr. Rebecca Appelgren received her medical degree from Stritch School of Medicine, Loyola University of Chicago, Chicago, IL in 1999. She completed an Internal Medicine internship at University of Arkansas, Fayetteville, AR from 1999-2000 and an Anesthesiology residency at Washington University, St. Louis, MO from 2000-2003. Dr. Appelgren is in practice with US Anesthesia Partners, 4048 Evans Ave., Ste 303, Fort Myers, FL 33901. Tel: 239-332-5344 Fax: 239-332-7246. Board Certified: Anesthesiology

**Tameca Bakker, MD** – Dr. Tameca Bakker received her medical degree from Medical University of the Americas, West Indies in 2014. She completed an Internal Medicine residency at Pinnacle Health System, Harrisburg, PA. Dr. Bakker is in practice with LPG Hospitalist Group, 9981 S. Health Park Dr., Ste 159, Fort Myers, FL 33908. Tel: 239-343-2052 Fax: 239-343-5348. Board eligible.

**Leah Boyette, MD** – Dr. Boyette received her medical degree from University of South Florida College of Medicine, Tampa, FL in 2012. She completed an ER Medicine residency at USF, Tampa, FL from 2012-2015. Dr. Boyette is in practice with LPG Emergency Physicians, 2776 Cleveland Ave., Fort Myers, FL 33901. Tel: 239-343-2606, Fax: 239-343-3695. Board Certified: Emergency Medicine.

**James Breen, MD** - Dr. James Breen received his medical degree from Jefferson Medical College, Philadelphia, PA in 1998. He completed a Family Medicine internship and residency at

*Cont'd on page 4*

## NEW APPLICANTS (cont'd)

### Cont'd from page 3

Brown University Memorial Hospital of RI, Pawtucket, RI from 1998-2001. Dr. Breen is in practice with Lee Health, LMHS FSU Family Medicine Program, 2780 Cleveland Ave., Ste 709, Fort Myers, FL 33901. Tel: 239-343-3831, Fax: 239-343-2301. Board Certified: Family Medicine.

**Suzanne Bryce, MD** – Dr. Suzanne Bryce received her medical degree from Vanderbilt University, Nashville, TN in 2011. She completed an Emergency Medicine residency at Vanderbilt University, Nashville TN from 2011-2014. Dr. Bryce will be practicing with Lee Health Emergency Medicine. Board Certified: Emergency Medicine

**Angela Echeverria, MD** - Dr. Angela Echeverria received her medical degree from University of Antigua, West Indies in 2010. She completed a General Surgery residency at University of Arizona, Tucson, AZ from 2010-2015 and a Vascular Surgery fellowship at Baylor College of Medicine, Houston, TX from 2015-2017. Dr. Echeverria is in practice with Gulf Coast Vascular Surgeons, 8010 Summerlin Lakes Drive, Suite 100, Fort Myers, FL 33907. Tel: 239-939-1767 Fax: 239-939-5895. Board Certified: Surgery

**David Greschler, MD** – Dr. David Greschler received his medical degree from University of Miami, Miller School of Medicine, Miami, FL in 2012. He completed an Anesthesiology residency, as well, at University of Miami, Miller School of Medicine from 2012-2016. Dr. Greschler completed an Interventional Pain Management/Pain Medicine fellowship at Harvard University, Boston, MA from 2016-2017. He is in practice with Pain Management Consultants of SWFL, 23 Barkley Circle, Fort Myers, FL 33907. Tel: 239-333-1177 Fax: 239-333-1169. Board Certified: Anesthesiology

**Emmanuel Kai-Lewis, MD** – Dr. Emmanuel Kai-Lewis received his medical degree from Howard University College of Medicine, Washington, DC in 2006. He completed an Internal Medicine internship and Ophthalmology residency at West Virginia University Hospital in Morgantown, WV in 2007. He completed a Cornea fellowship at University of Minnesota, Minneapolis, MN from 2010-2011. Dr. Kai-Lewis is in practice with Quigley Eye Specialists, 6091 South Pointe Blvd., Fort Myers, FL 33919. Tel: 239-466-2020 Fax: 239-466-7150. Board Certified: Ophthalmology

**Andrea Lloreda Forero, MD** – Dr. Andrea Lloreda Forero received her medical degree from Ross University, Dominica, West Indies in 2013. She completed a Pediatric residency at Memorial University Medical Center, Savannah, GA in 2017. Dr. Lloreda Forero is in practice with Golisano Children's Hospital Pediatric Hospitalists, 9981 S. Health Park Dr., Fort Myers, FL 33908. Tel: 239-343-5052 Fax: 239-343-5652.

**Nicholas Perez, MD** – Dr. Nicholas Perez received his medical degree from Rutgers New Jersey Medical School, Newark, NJ in 2012. He completed an internship at NY Presbyterian, Queens,

NY from 2012-2013. He completed a Physical Medicine and Rehab and Pain Management residency and fellowship at JFK Johnson Rehabilitation Institute, Edison, NJ from 2013-2017. Dr. Perez is in practice with Korunda Pain Management, 14131 Metropolis Ave., #103, Fort Myers, FL 33912. Tel: 239-591-2803 Fax: 239-594-5637. Board Certified: pending

**Nika Priest Allen, MD** – Dr. Priest-Allen received her medical degree from Drexel University College of Medicine, Philadelphia, PA in 2011. She completed an Internal Medicine internship at Drexel University from 2011-2012. She completed an Ophthalmology residency and Glaucoma fellowship at Kresge Eye Institute, Detroit, MI from 2012-2016. Dr. Priest-Allen is in practice with Quigley Eye Specialists, 6091 South Pointe Blvd., Fort Myers, FL 33919. Tel: 239-466-2020 Fax: 239-466-7150. Board eligible.

**Stephanie Slagle, MD** – Dr. Stephanie Slagle received her medical degree from East Tennessee State University College of Medicine, Johnson City, TN in 2005. She completed a Pediatrics internship and residency at USF, Tampa, FL from 2005-2008 and a Pediatric Cardiology fellowship at Medical University of S. Carolina, Charleston, SC from 2008 – 2010. Dr. Slagle is in practice with Golisano Pediatric Hospitalists, 9981 S. Health Park Drive, Fort Myers, FL 33908. Tel: 239-343-5052

**Alfredo Vargas, MD** - Dr. Alfredo Vargas received his medical degree from Ross University, Dominica, West Indies in 2011. He completed a Pediatric internship and residency at ECU Brody School of Medicine, Greenville, NC from 2011-2014. He also completed a fellowship at Arnold Palmer Hospital for Children in Orlando, FL. Dr. Vargas is in practice with Golisano Children's Hospital Pediatric ER Medicine, 9981 S. Health Park Dr., Fort Myers, FL 33908. Tel: 239-343-5052, Fax: 239-343-5653. Board Certified: Pediatrics

**Jean-Jacque Vel, DO** – Dr. Jean Jacques Vel received his medical degree from Nova South Eastern University, Fort Lauderdale, FL in 2014. He completed an Internal Medicine residency at Palmetto General Hospital, Hialeah, FL from 2014-2017. Dr. Vel is in practice with LPG Hospitalist Group, 9981 S. Health Park Dr., Ste 159, Fort Myers, FL 33908. Tel: 239-343-2052 Fax: 239-343-5348. Board eligible.

**Michael Worobel, DO** – Dr. Michael Worobel received his medical degree from Nova Southeastern University, Davie, FL in 2012. He completed a General Surgery internship at UNTHSC/Plaza Medical Center, Fort Worth, TX from 2012-2013 and a Physical Medicine and Rehab residency at Carolina's Medical Center, Charlotte, NC from 2013-2016. Dr. Worobel completed a Pain Medicine fellowship at Mid Atlantic Spine and Pain Physicians, Newark, DE from 2016-2017. He is in practice with Pain Medicine Group, 13782 Plantation Rd., Suite 101, Fort Myers, FL 33912, Tel: 239-277-7611 Fax: 239-277-7608. Board Certified: Physical Medicine and Rehab



## GUILT

Last week, my trusty partner Van Winkle and I were chatting during a break between patients. The conversation was instigated by the unexpected death of a patient. No trauma, not young, but not too old. Not a healthy patient, but one with numerous medical problems (though none imminently terminal), who was found dead one morning.

"So why do I feel guilty?"

Could the death have been prevented? Was a diagnosis missed? Could an intervention have been taken to prevent it? Was it the medications? What could I have done differently? Do my colleagues feel this way when one of their patient's dies? Am I not strong enough to deal with this? And, although not applicable in this case since the medical examiner was addressing it, how do I sign the death certificate?

A few times yearly the same scenario repeats itself. My partner and I switch roles, sometimes I ask the question, sometimes she does. The circumstances differ, but the emotions and questions are the same. As time passes the angst fades, we stop dwelling on the death, the questions most often remain unanswered, and acceptance sets in.

But the guilt remains, somewhere beneath the surface. Suppressed until the next unexpected death only to come roaring back. It cannot be due to inexperience, we have almost 40 years of patient care between us. It is not a lack of care., Both of us care for and about our patients and their families., which is probably why it affects us so. Is it insecurity? A lack of knowledge? Grief? Codependence? A failure to be the type of physician we were taught to be? The discordance between who we see ourselves to be and who we actually are?

Introspection and examination are critical to our field. Surgeons regularly conduct morbidity and mortality conferences, open discussions about what went wrong and what could have been done differently. We also have the Quality and Standards committees at our hospitals that examine cases gone wrong. They too are beneficial. Many times the errors addressed are system faults not individual mistakes. But all of these analyses are technical, systemic, programmatic. They do not address the emotional aspect of a poor outcome on the physician.

We need to consider the psychic burden a patient's death places upon the physician. Compassion is one of the bedrocks of our profession and is also intrinsic to our personalities. It is one of the prime movers in our decision to become physicians. Yet as much as we apply it to those we treat we often fail to give ourselves the same consideration. We are taught to not show weakness, to push on, to put the patient first. We were not taught to think of our own health, either physical or emotional.

Peg, another dear physician friend, recently sent me a great little piece about self-compassion. The article appeared in the AMA News Wire and featured psychologist Kelly McGonigal, who works with Stanford's Center For Compassion and Altruism.

One goal of her work is to, "... counter some of the prevailing mindsets that make self-compassion so challenging, like the intense tendency toward self-blame and criticism, a kind of 'everything falls on me' mentality that a lot of physicians have, a lack of self-forgiveness, maybe believing self-care is selfish and believing that you should be selfless."



"Part of self-compassion is knowing you're not alone in whatever you're struggling with," she said.

She also hopes to inspire physicians to think about ways they can be more compassionate toward themselves and to view such acts of compassion as a resource instead of an obstacle to being more effective in delivering care or solving problems.

"It's fundamental to being able to give your best to others," said McGonigal. "Self-compassion is a way for physicians to improve their health and well-being while also reducing burnout."

[https://wire.ama-assn.org/life-career/stressful-times-self-compassion-can-help-physicians-thrive?utm\\_source=BulletinHealthCare&utm\\_medium=email&utm\\_term=082317&utm\\_content=general&utm\\_campaign=article\\_alert-morning\\_rounds\\_daily](https://wire.ama-assn.org/life-career/stressful-times-self-compassion-can-help-physicians-thrive?utm_source=BulletinHealthCare&utm_medium=email&utm_term=082317&utm_content=general&utm_campaign=article_alert-morning_rounds_daily)

After reading the above, the answer to the question of why we feel guilty comes into focus quite nicely. We haven't learned to forgive ourselves. From the moment we don the white coat we seek perfection in an imperfect system. We hold ourselves to standards impossible to meet. We are not above the fray we are a part of it. When a patient needs to be comforted, we are quick to respond, to try to help them, to show them compassion. We need to apply the same consideration to our colleagues. And most importantly to ourselves.

Be Well,

Jon



**Need help with life's difficulties?**

**Please visit our website at:**  
[www.lcmsfl.org/pwp](http://www.lcmsfl.org/pwp)

## RAMIREZ REPORT

BY JULIE RAMIREZ, LCMS EXECUTIVE DIRECTOR

**D**oes anyone else feel like they lost the whole month of September? Labor Day was the first weekend of the month and my family crammed in one more getaway to Marathon, FL. While we were there we keep hearing that Hurricane Irma was coming our way. Having lived in SWFL for 17 years, I am always watchful but don't always take the hype seriously until the storm is closer.

A week later I was bundling computers, files, pictures and any valuables into plastic bags and raising them to higher ground for the Society office, my house and my snowbird parent's house. News that the "strongest hurricane in history" was heading our way sent panic throughout our community and traveled far North to our family and friends. Our set plans on one day where quickly changed the following day and then changed again. In the end, we boarded up our house in Lehigh Acres and headed to the Society office to shelter in place. It was surreal to see the sun set beautifully over Gulf Coast Hospital the night before the storm.

Sunday was all about the storm. By 2 pm the power was out but fortunately we still had cell phone signal to watch the local news online. The building was strong and solid and we heard very little noise. My job for the most part was to sit with the dogs to keep them calm while watching the storm. Legos and I-pads keep the kids busy. We were glad the eye finally came; giving us a chance to walk the dogs and check out the damage. No more winds came after that; no 15 foot surge either. It was finally done.

The next morning, we bundled everything up and threw it in the truck to head home to see if our house was okay. Our neighborhood roofs looked like checker boards (we are now the posterchild street for blue tarps!), trees were toppled over fences and stop signs were blown over. After we assessed our own home, we set out to make sure our families and friends were safe. We had family members that were surrounded by flood waters and unfortunately, we learned that even though we have a big truck, water can still find its way into a transmission and ruin it.

As the powerless, hot days continued, children's heat rash and overheating dogs can start to drain your positivity. By day 6, I was thrilled to receive a call from Sarasota County Medical Society. They called to see how they could help our Society out. Long story short, they brought down a/c window units and a generator to help. They also set up a GOFUNDME account to help any physicians who had damage or needed help. (By the way, this account still is available for our county members – please contact me.

The morning of day 8, we decided TO TRY to get back to normal. Right as I was packing the kids up to come to work with me, I got a text from our neighbor that the power was restored! With one flip of the breaker, the ac turned on and life seemed just a little bit better. We could change our energy and efforts to helping others.

On day 10, I was talking to the office manager of Associates in Family Psychology about our quarterly demographic report. We were swapping hurricane stories and during the conversation, she asked me, would you like to see one of our counselors? The question surprised me but also refocused me. If this storm was this stressful for me and my family, imagine what my doctors are going through. I am thankful that as a Society we have the Physician Wellness Program. We have someone to talk to about this weird month we've had.



The Physicians Wellness Program offers 6 free counseling sessions per calendar year for LCMS members. New LCMS applicants are eligible for this benefit after their application fee is received. LCMS has teamed up with two separate groups to offer a variety of locations and specialties for our physicians. There are no electronic records kept. The sessions are paid for by the Lee County Medical Society Foundation. The following are our current psychology groups:



### **The Center for Psychology**

12499 Brantley Commons Court, Suite 1  
Fort Myers, FL 33907

Private Line for LCMS Members 239-208-3984

Hours of Operation: Mon.-Fri. - 8:00 a.m. - 8:00 p.m.

After hours appointments may be available

<http://www.ctrpsych.com/>



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PSYCHOLOGY

### **Associates In Family Psychology**

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Office: 239-561-9955

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<http://www.fampsy.com/>

# 2018 LCMS NOMINATION OF OFFICERS

## LEE COUNTY MEDICAL SOCIETY NOMINATIONS FOR 2018 OFFICERS

The following slate of nominations for the 2018 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 16, 2017 General Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating him or her from the floor.

### Board of Governors

President: F. Rick Palman, MD  
President-Elect: Daniel de la Torre, MD  
Treasurer: Elizabeth Cosmai, MD  
Secretary: Annette St. Pierre MacKaoul, MD  
Past President: Jon Burdzy, DO

### Newly nominated Members-at-Large:

Scott Caesar, MD (2020)  
Imitiaz Ahmad, MD (2020)  
E. Trevor Elmquist, DO (2020)  
Eileen de Grandis, MD (2020)

### Previously elected Member-at-Large:

Joanna Carioba, MD (2019)  
Arie Dosoretz, MD (2019)  
Ryan Lundquist, MD (2019)  
Tracy Vo, MD (2018)  
Cherrie Morris (2018)

### Grievance Committee

President: F. Rick Palman, MD (elected 2017)  
R. Thad Goodwin, MD, Chair  
President-Elect Daniel de la Torre, MD  
Secretary: Annette St. Pierre-MacKoul, MD

### Legislative Committee

Stuart Bobman, MD, Chair

### Committee on Ethical & Judicial Affairs

Darius Biskup, MD, Chair

## DELEGATES / ALTERNATES TO THE 2018 FMA ANNUAL MEETING

**AUGUST 3 - 5, 2018**  
**LOWES SAPPHIRE FALLS RESORT**  
**ORLANDO, FLORIDA**

Richard Macchiarolli, MD, Chair  
Stuart Bobman, MD  
Jon Burdzy, DO  
Scott Caesar, MD  
Joanna Carioba, MD  
Stefanie Colavito, MD  
Elizabeth Cosmai, MD  
Daniel de la Torre, MD  
Valerie Dyke, MD  
Stephen Hannan, MD  
Michael Katin, MD  
Raymond Kordonowy, MD  
F. Rick Palmon, MD  
Alternate: Andres Laufer, MD



## Annual Membership Meeting November 16, 2017

Cypress Lake Country Club  
6767 Winkler Rd, Fort Myers, FL 33919  
6:30 p.m. - Social Time  
7:00 p.m. - Dinner & Presentation

Speaker: Amira Fox, Chief Assistant State Attorney for  
the 20th Judicial Circuit of Florida





SIDNEY & BERNE  
**DAVIS**  
ART CENTER

The Lee County Medical Society is partnering with the Sidney & Berne Davis Art Center for a month-long exhibition in April 2018 titled:



**ART - The Art of Lee County Physicians**

To submit your artwork visit:  
[sbdac.com/art-physicians-submission](http://sbdac.com/art-physicians-submission)  
For questions please call Devon Parker or Melissa DeHaven  
at 239-333-1933

**Deadline for submission: Jan. 31, 2018**

2301 FIRST STREET • FT. MYERS FL 33901 • 239.333.1933 • SBDAC.COM

## In Memory of Harold Berris, MD

Sept. 1, 1926 - May 2, 2017

Berris, Harold age 90, of St. Louis Park passed away May 2, 2017, surrounded by his loving family. Harold was a true renaissance man. He practiced neurology in Minneapolis and Ft. Myers, Florida for over 30 years, treating his patients with the utmost kindness and skill. While medicine was his profession, Harold was also an avid fisher, gardener, birdwatcher and photographer, baker and Chinese chef. He was always upbeat, optimistic and positive; a calm, steady presence who always had his family and friends foremost in his thoughts. Everyone who met Harold saw the goodness in him. Preceded in death by wife, Tessie; brother, Barney. Survived by children, Barb Berris (Ted Hunter), Bruce (Susan) Berris, Ellen (Stan) Berris; grandchildren, Carly (Matt) Zollars, Bobby and Tommy Kahn, Eric, Russell, Hannah, and Andy Berris; special friend, Jo Jaffe and her family; nieces, nephews and friends. Harold's family would like to recognize the wonderful, loving care given to him by his special angel, Alex Walker and his many caregivers at Roitenberg and Sholom Home.



**Jonathan S. Daitch, MD**

*Board Certified, Interventional  
Pain Management  
Board Certified, Anesthesiology  
Board Certified, Pain Medicine  
Certified Independent Medical  
Examiner*



**Jonathan Daitch, MD & Michael Frey, MD**

***Your Patient's Solution to Pain Emergencies***



**Michael E. Frey, MD**

*Board Certified, Physical &  
Rehabilitative  
Medicine  
Board Certified, Pain Medicine  
Certified Independent Medical  
Examiner*

**Four Pain Emergencies**

**Shingles**

**Vertebral Compression Fractures**

**Cancer Pain**

**Spinal Headaches**

***Patients diagnosed with any of these four conditions, should be evaluated and treated by a pain specialist within twenty-four hours.***

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**[www.apmss.net](http://www.apmss.net)**



# CULTURE, LEADERSHIP CAN HELP ALLEVIATE PHYSICIAN BURNOUT

## BY WILLIAM JESSEE, MD - ARTICLE FROM PHYSICIANS PRACTICE

**I**n just four years, the rate of physicians who experience more than one factor of burnout has gone up from 46 percent to 54 percent, according to a study from the Mayo Clinic.

To that point, William Jessee, MD, senior medical advisor at Integrated Healthcare Strategies and former president of the Medical Group Management Association (MGMA), just has one question: "Will it reach 100 percent?"

Jessee may only be half kidding when he asks that question. The truth is healthcare is experiencing a major problem with physician burnout, Jessee said, while noting the rates of disenfranchised physicians is higher than any other educated profession.

"Lawyers [and] accountants ... don't seem to have high burnout rates that less highly educated individuals do, so in general, if you have more education, you're less likely to burnout. But that does not apply to MDs and DOs," he said.

In general, only 28 percent of the U.S. workforce said it's burned out. This, Jessee said, puts the physician burnout problem into perspective. Jessee shared insight on how organizations can combat the burnout problem with culture and leadership during a session at the MGMA's annual conference, held in Anaheim, CA.

To start, Jessee identified the causes of burnout among physicians. More often than not, the work environment — not age, specialty, or another personal characteristic — is the core problem. Physicians, he said, are frustrated by lack of control over processes that affect them and a lack of alignment with leadership. Other factors contributing to burnout include poor relationships with the care team and the dreaded EHR.

"I'm a fan of the EHR ... [but] how they've been deployed and the support we've offered to clinicians have created an additional burden," Jessee said. He noted that because of documentation requirements, the EHR is interfering with physicians' work-life balance and ruining their relationship with patients. He recommended the use of scribes to thwart this problem, saying they can increase productivity and revenue. "You can actually see more patients using a scribe, far in excess of what you are paying them." They also allow the physician to work directly with the patient, rather than staring at a computer.

The consequences of burnout can be devastating. Not only is the physician not engaged in their work and more likely to make mistakes, Jessee said, but studies have shown that patients are less likely to adhere to treatment plans. There is also increased physician turnover at the practice, more part-time physician work, and more diagnostic testing and specialist referrals. The latter two will be problematic in a value-based care model, he said.

During his presentation, Jessee also focused on solutions to the burnout problem, in particular how to strengthen culture in the practice and engage physician leaders. Jessee said culture drives alignment and engagement, but can be problematic

when multiple practices and physicians merge into a new entity. Everyone has their own culture and getting them all to subscribe to the same goal isn't easy.

"If you want people to buy into an organizational goal, you have to keep hammering, 'Why are we here? What are we trying to accomplish? What is our goal?' If people don't agree with that, you have to get rid of them. Get people to buy into the common goal," Jessee said.

Creating a coherent culture, he noted, is one with a widespread agreement around core values and beliefs. The first step to improving culture in the practice is measuring it. There are a wide variety of instruments to measure culture that can be found online.

In particular, Jessee recommended recruiting a potential employee as a cultural fit, actively managing cultural conflicts, and not be afraid to cut the cord on someone who doesn't fit. "It was Lou Holtz who said, 'Hire slowly and fire quickly.' Spend a lot of time hiring someone on the front end, but if they are a bad fit for the future, terminate the relationship. They'll be better off for it, the organization will be better off for it."

Organizational leadership is another element in improving physician engagement and reducing burnout, Jessee said. He noted that leadership isn't taught in medical school and that not every physician has to be a leader. "Someone has to be a follower ... some should be inspired to follow," he said.

A few qualities of an effective leader, according to Jessee, are having a strong vision and sense of mission, the ability to frequently communicate with staff and get buy in, and overall trustworthiness. "Trust is a critical factor and it's easy to blow and hard to gain," he warned.



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# McCOURT SCHOLARSHIP RECIPIENTS

**D**r. Jerome McCourt was the first endocrinologist in Lee County. In 1982, Dr. McCourt and his family were traveling from a trip to Orlando when their plane crashed near Arcadia, FL. At the time of Dr. McCourt's death, his family and friends established a fund that has since been administrated by the Lee County Medical Society. It was the wish of all parties concerned that monies be extended to help defray the expenses of sending a child or youth to Diabetic Camp each summer.

The cost per child this year ranges from \$425 to \$575 per session. To date we have sponsored 120 children and youths for over \$51,785.00, giving each child a great opportunity to change how they will live their lives. Eleven children attended the camp this summer and some have expressed their appreciation in the notes below.



Thank you for paying for my visit to Camp Winona. I had an awesome time. I met many friends that I look forward to seeing next year. Two of my cabin mates I talk to everyday. Seeing how many kids have Type 1 like me was amazing. Seeing counselors and doctors and founders that have Type 1 and seeing how the accomplished life with Diabetes was amazing. The whole experience was a big eye-opener. Insulin shots and blood sugar checks were all incorporated with our schedule. I could hang out and have friends knowing everything was planned out. The schedule at camp has helped me schedule my life and my day so I can have fun. Knowing that its not just me with this disease has also helped. Now I'm not ashamed of my disease. I don't care if people see me doing an insulin shot. I know no matter what, I still have to do my shot, and if people understood what I am doing and why, they would agree and move on. Many good things have come from my weeks at Camp Winona. My parents and I are saving up for my next visit. I wouldn't have had this amazing experience without your share, and I thank you for it. Thanks for an amazing week. Sincerely, Kathryn Broadman

## Lee County Medical Society:

Hi my name is Chris, I'm 12 years old and this was my first time in the Diabetes Camp. I had a really good time, met a lot of new friends who have Type 1 diabetes like I do. The counselors were very nice and helped me change my insulin pump site on my own for the first time. The camp had a lot of activities such as swimming, basketball, rope course and many others. We had a great party the night before the camp was over and exchanged phone numbers to stay in touch.



It was awesome to have a chance to go to the camp and meet other kids and adults with diabetes. Thank you so much for making it happen."

Chris







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Late August, 2017, racing upstairs to my office, as usual. Suddenly, my left toe caught the lip of the top step. My right foot, racing to compensate, connected to the left Achilles tendon with a vengeance. Down I went, in terrible pain. Urgent Care folks got to us in less than 15 minutes. After a thorough exam, they set me up for ultra sound with radiologist, Dr. Sharik Rathur, of Florida Radiology Consultants. Dr. Rathur was very “hands on”. He spent considerable time conducting the ultrasound himself, educating me as well as his very sharp technician as to what he was seeing and what it meant. The man should teach courses in “bedside manner” and employee training. It was apparent that the young technologist admired him. He advised that I would need an MRI, so off I went, with deep gratitude.




Thomas C. Chase

Next stop was Dr. Jeremy Schwartz, M.D. , an orthopedic surgeon, with Orthopedic Associates of S.W. Florida. They got me right in for an MRI and a day later, he gave me the news. Tendon was completely torn. As busy as he was, you would not know it by his manner. He patiently explained our options, the procedure for repair and the typical recovery time. Just like the staff at Urgent Care and Dr. Rathur’s office, every staff member encountered was highly motivated and intent on doing their best.

Morning after Dr. Schwartz ordered the procedure, I was first in line for surgery. My good run of luck continued with the medical staff at Lee Memorial’s down-town campus. The nurses, techs and anesthesiologist, (wish I could recall their names) did all in their power to make me as comfortable as possible.


These professionals represent a shining example of what medical treatment should entail. Whatever your pain or worry may be, please remember to thank the professionals who do it so well!


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## THE INTERSECTION BETWEEN PHYSICIAN BURNOUT AND THE STANDARD OF CARE

BY: ISABEL DIAZ BARROSO, ESQ

In Florida, the law requires that healthcare providers satisfy the prevailing professional standard of care. For physicians, the standard of care is that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. Fla. Stat. 766.102. Of course, the circumstances in which health care providers must now operate has changed dramatically in the last few decades, no more so than in the last few years if you consider the recent amendments to HIPAA under the Omnibus Rule and the introduction of HITECH which imposed new security measures for the handling of protected health information, among others.

Yet, the statutory regime governing how health care providers must care for and treat patients does not consider the multitude of changes taking place in the current health care arena. There is no consideration for the increased time involved with inputting data into electronic medical records; the enhanced regulatory scheme for reimbursement payments; or the transition from fee-for-service to measuring quality value outcomes. Studies have shown that providers spend more than 50% of their time performing data entry and less than 30% on clinical care. Yet, the statute does not recognize that healthcare providers today generally feel overextended and undervalued. Today, there is more bureaucracy, increased computerization, and more hours spent sitting at a desk than engaging and interacting with patients.

And it is the lack of patient interaction and engagement that is at the heart of the dissatisfaction and apathy that has affected many within the profession. While it may be colloquially termed as the "practice of medicine", it is first and foremost a service profession. Those charged with the knowledge, experience, intellect, and passion to dedicate years of study and training in order to care and treat patients likely did so in order to serve. Therefore, it is not surprising that "care" is found repeatedly throughout the statute. It is recognizing that the "standard", at its core, involves the relationship between a doctor and his patient. The human element will never be replaced or eliminated. Technology, regulations, reimbursements, and the like will never take the place of that sacred and quintessential bond. The human element is at the core and essence of what it truly means to be a physician.

Physician leaders need to recognize that a physician's well being is a central focus of patient care. There is a direct correlation between patient safety concerns and sub-optimal patient care when there is an issue involving the physical and emotional wellness of the provider. Physician burnout can lead to increased medical errors and a greater potential risk for malpractice.

There have been numerous journal articles and studies discussing "physician burnout" and its symptoms and causes. There have also been many news stories and articles talking about how to improve and make health care better.

However, there is very little written about how to empower and engage healthcare providers and help them understand that the "engine of health care reform" lies with them. While hospitals, payors and CMS certainly play a role in fostering a strong dialogue, it is the physician leadership and medical

societies at the local and state level who must be proactive and involve their members in creative and innovative ways, remove obstacles, and develop strategies to reinvigorate the physician-patient relationship among their constituents. In doing so, these institutions will be upholding and preserving the ideals and standards of a noble and proud profession.



OCT 12<sup>TH</sup> 2017

Thank you for your kind and generous gift to CDS, in memory of our grandson Noah Pollock. Your donation resulted in this memorial plaque on the treehouse which he suggested and designed for the playground. Your thoughtfulness during this difficult time has meant so much to us.

With Gratitude,  
Kraig & Sherry Tipton



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From left: Nina Burt, O.D.; Sarah Eccles-Brown, M.D.;  
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## Essentialism

It was 4:45am and I was wide awake. Jarred from the depths of my somnolent sabbatical an hour early, I now found myself unable to fall back to sleep. "There's so much to do, and no time!", I thought to myself, exasperated. Sneaking out of the bedroom like a ninja so as to not incur the wrath of my lovely wife, I walked downstairs and began my morning ritual. Caffeine, check. Breakfast shake, check. And next, to sit down and examine my to-do list. I quickly pulled up the app on my iPhone that I use for this purpose. My stomach hit the floor seeing the the number "45" standing out in bright white font against an alarming red background on the app's icon. "How can I possibly have 45 uncompleted tasks?", I thought to myself. I wanted to crawl back in bed, but I knew this would only make things worse.

Sound familiar? According to leading business consultant Greg McKeown, the problem is ubiquitous. Mr. McKeown is the author of the New York Times and Wall Street Journal Best Seller *Essentialism: The Disciplined Pursuit of Less*. In this book (one of my recent reads and an all-time favorite), Mr. McKeown posits that our culture is leading us to make 1mm of progress in a million directions - and to thus forfeit any substantial progress that could be made in a few selective directions - by constantly pressuring us to pursue the nonessential. He essentially states (pun intended) that for many reasons, most people never think about what is truly and utterly essential and what is not - and thus, their lives became a tyranny of the non-essential and the urgent. Finally, he argues that it is only by embracing whole-heartedly the philosophy and principle of essentialism, which he defines roughly as the "Disciplined Pursuit of Less but Better", that we can achieve our highest level of contribution and satisfaction, both personally and professionally.

Skeptical? He asks compelling and resounding questions like: "Do you find yourself stretched too thin? Do you simultaneously feel overworked and underutilized? Are you frequently busy but not productive? Do you feel like your time is constantly being hijacked by other people's agendas?". Most physicians whom I know would say that these are common sentiments in our chosen profession. And yet for many, these dilemmas seem unavoidable. Physicians lead busy, demanding lives - and for that reason we require demanding and stringent criteria for what is truly essential. McKeown succeeds in dissecting the root problem of our culture's approach to life: believing the often peddled myth that we can "do it all and have it all". To counteract this false belief, McKeown offers us not a fragile and situationally dependent time management strategy but rather an all-expansive paradigm that is so robust it borders on a philosophy of living rather than a productivity tool. Specifically, he details the ways in which we must daily, routinely and intentionally ask ourselves probing and self-reflecting questions to discern that which is truly important to us. He then instructs us in the ways in which an essentialist can craft criteria for the choices they make which will ensure

that all of the decisions in their life serve to fulfill that essential intent - and nothing beyond it. By having the courage to say no to the plethora of competing tasks and possibilities, we are able to fully engage and succeed in accomplishing and nurturing those tasks and relationships that are most truly meaningful to us.



Shortly after reading *Essentialism*, I had a similar morning in which I awoke to my ever-growing to-do list. But this time, after reflecting upon my essential intents, I found that most of the tasks didn't need to be checked as completed - but rather deleted entirely! The sheer feeling of liberation was overwhelming. There is a clarity in simplicity of intent and in setting boundaries that protect your ability to contribute productively in a sustained fashion. As physicians, we often are the most vulnerable due to our intrinsic personality characteristics to constantly be trying to tackle and take on more and more. With Mr. McKeown's help, we can instead embrace a new principle - Less, but better.

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