

# Bulletin

*Editor: Dr. John W. Snead*

March – April 2020 • Volume 44 Issue 2



LEE COUNTY  
**MEDICAL  
SOCIETY** INC.

*Physicians Caring for our Community*



## Bulletin

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Fort Myers, FL 33971

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### Lee County Medical Society Mission Statement

*The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.*

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### COVER PHOTO

by Peter Sidell, M.D.:

I just returned from Venice Italy where Carnivale was being celebrated. Carnivale is a very old version of Mardi Gras - perhaps the oldest. It is a period of festivities for letting off steam in the anticipation of the self-restraint of Lent that starts on Ash Wednesday. The lady pictured here is Lili, a German woman. The costumers hand out cards in hopes of having their photos sent to them. My wife, Mary Kay and I arrived in Venice on February 17, and left the 24th. By a bizarre coincidence Carnivale was canceled at midnight on the 23rd because cases of Corona virus had been reported in Lombardy not far from Venice. In fact Venice had a couple of cases as well. We worried that we would be quarantined in Venice - while not a horrible fate, we weren't prepared for that.



***We welcome member pictures to be considered as a cover to the Bulletin.***

ALL EVENTS

ARE

CURRENTLY

POSTPONED

## MEMBERSHIP NEWS - NEW APPLICANTS

### **Natalia Partain MD**

General Surgery and Breast Surgery  
Millennium Physician Group

### **Shikha Shrestha MD**

Internal Medicine  
Physicians' Primary Care of SW FL

### **Sebastian Klisiewicz DO**

Pain Medicine & Rehab  
Integrative Rehab Medicine

### **Elizabeth Efthimiou MD**

Physical Medicine & Rehab  
LPG Physical Medicine & Rehab

### **Zachary Hothem DO**

Trauma Lee Memorial Hospital  
Trauma Care

### **Pierre Herard MD**

Pain Medicine & Rehab  
LPG Pain Medicine & Rehab

### **Eeka Marshall MD**

OB/GYN  
Lee Physician Group OB/GYN

### **Ioana Morariu MD**

Internal Medicine  
Lee Physician Group - Hospitalist

### **Jose Orellana MD**

Internal Medicine  
Lee Physician Group

### **Paul Oswiecimski MD**

Internal Medicine  
Lee Physician Group

### **Margaret Oswiecimski MD**

Internal Medicine  
Lee Physician Group

## CORRECTION: NEW MEMBER

Incorrectly listed in the Jan. – Feb Bulletin

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### MEET OUR DOCTORS:

*Johan Escribano, MD, RPVI, Matthew Sanders, MD, RPVI,  
Abraham Sadighi, M.D. F.A.C.S and Michael L Novotney, M.D. F. A.C.S.*



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## PRESIDENT'S MESSAGE

By ELIZABETH COSMAI M.D. (Written March 12, 2020)

As I sit down to write my bimonthly president address, it is overwhelming to think about all the current events taking place right now. Domestically, we have Biden and Bernie battling it out in the Democratic primaries and globally we are grappling with a pandemic. Lee county has finally experienced its first confirmed COVID-19 patient case caused by the SARS-CoV-2 and that patient's subsequent death. Throughout our country and globally, there are increasing novel coronavirus cases and the global economy is in extreme flux. Who would have known that we could actually have a toilet paper crisis?

But what I am also concerned with are legislative actions that will determine the scope of practice for advanced providers (and even pharmacists) in the state of Florida. In order to understand the gravity of this legislation and how it can and will affect the practice of medicine as well as our OWN profession, one must understand how we got to this point.

The National Health Planning and Resource Development Act of 1974 was one of the first national documents to refer to physicians as 'providers'. With the growing public sentiment that medical care is in fact, a commodity, using the word 'provider' would perhaps make sense, especially if the patient is now considered a 'consumer'. Fast forward to our current healthcare climate, where 'provider' is now the preferred nomenclature used by insurance companies and even our own local hospital system. But being known as a physician is not just a word. It is OUR professional identify and what society has always known us to be.

We are PHYSICIANS. We are NOT like other 'providers' like the insurance and managed

care companies would like the public to think. As physicians, we have graduated from allopathic and osteopathic schools. Our education and clinical training is NOT similar to other 'providers'. Physicians will accumulate at least 11 years of education and residency training, 6000 clinical hours during medical school, and at least 10,000 residency hours. On the other hand, an NP/ARNP will complete 5.5-7 years of combined education and post-graduate training and up to 1,500 clinical hours (without residency hours).

Many supporters for APRN Independent Practice have argued that due to physician shortage, rural areas are particularly at risk and will continue to have less access to

primary medical care professionals. However, based on data from the American Medical Resource Center (CMS National Plan and Enumeration System 2013) U.S. practice locations of primary care physicians and APRN's are similar and tend to be in larger, urban centers. In those states with APRN independent practice, there has not been an expansion into medically underserved areas.

As of March 11, 2020, Governor DeSantis quickly signed CS/CS/HB 607: Direct Care Workers, effective July 1, 2020. This final piece of legislation stems from a bill initially filed in November 2019 as HB 607 supporting independent practice of APRN's without the need for physician supervision. This bill was shockingly sponsored by an emergency room physician, Dr. Pigman (who has been trying to pass such legislation since 2014), and then quickly made its way through the various House committees. A Senate version, SB1676 also made its way through the Senate with amendments that included CME requirements, a level of required malpractice coverage, and prohibition of insurance companies to require the insured to utilize an APRN over a physician. These versions of the final bill easily passed both on the Senate and House floors with minimal objection.

APRN and PA's are critical and valued members in our healthcare system. The coordination of healthcare using a team-based approach between physicians and APRN/PA's has been successful and still provides the best and safest care for our patients. A team based approach acknowledges and utilizes the difference in training among the medical professionals to deliver the most successful and highest quality healthcare to our patients. Now, more than ever, we need to continue to educate the public of the important role that physicians play in their medical care and in our society.

Come to LCMS website to the page: COVID-19 Local Updates and Resources: <https://lcmsfl.org/covid-resources>



**Physicians will accumulate at least 11 years of education and residency training, 6000 clinical hours during medical school, and at least 10,000 residency hours.**



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## Since January 2020, WeCare is now an In-House Program of the United Way

Many years ago, concerned Health Care Providers in our community created this program to assist those in medical situations that are unable to attain the health coverage they need. United Way is now honored to be the program administrator.

WeCare of Lee County is a health care referral program assisting uninsured residents of Lee County. The program allows participants suffering from serious medical conditions access to specialty medical care.

The WeCare Medical Referral Program works in collaboration with Lee County Medical Society, Lee Health, licensed specialty care providers, licensed diagnostic providers, and other health care systems credentialed by the State of Florida Health Department. Partners' In-Kind contributions for a wide array of health care services provide lifesaving benefits to uninsured patients.

In order to qualify for WeCare, any physician, clinic, or other medical facility may refer the case. Patient self-referrals are not accepted. Other qualifications include having an income at or below 200% of the defined poverty level, being a resident of Lee County for a minimum of 6 months, and being uninsured or not eligible for other sources that would pay for the needed medical care such as Medicare/Medicaid.

The Florida Department of Health contracts with Partners and Medical Practices. *[Volunteer Health Care Provider Program Section 766.1115.F.S.]*

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- Know all clients are screened before appointments are scheduled.
- Receive Continuing Medical Education Credits and Waiver of biennial license renewal fee for volunteer service provided.

As of March 24, 2020, our office remains prepared to serve you for **new WeCare referrals** and for **authorizations** for services you are providing. United Way recognizes that WeCare access is an essential service to our shared patients.

While we are not currently seeing clients in our office, we are able to register them through telephone, email, mail and fax services. In addition any authorizations for WeCare service are being handled in this same manner.

To help facilitate new referrals, we are asking (IF possible) to send us the **client's email address** and a **photo ID** when you send the referral paperwork. Please do not delay a referral due to not having the email or ID, but it would be exceptionally helpful if you can.

You may not be aware of this information also:

- The **Department of Health Sovereign Immunity coverage** now allows for Telemedicine appointments. Many offices are transitioning to this and it is fully acceptable for WeCare patients.
- Client authorizations can be "back dated" up to 30 days prior to the client being registered. This can be very helpful for in-hospital consultations as well as helpful for any missed authorizations.

At present our staff consists of Brenda Hayes, Patient Care Coordinator and Jacquelyn Kelly, RN, MS, We Care Director. We anticipate expanding staffing once the world settles down again.

### **Our contact information remains the same:**

Email: [WeCare@UnitedWaylee.org](mailto:WeCare@UnitedWaylee.org)

Phone: (239) 433-7569

Fax: (239) 333-0788

Please do not hesitate to contact us for any questions or needs.



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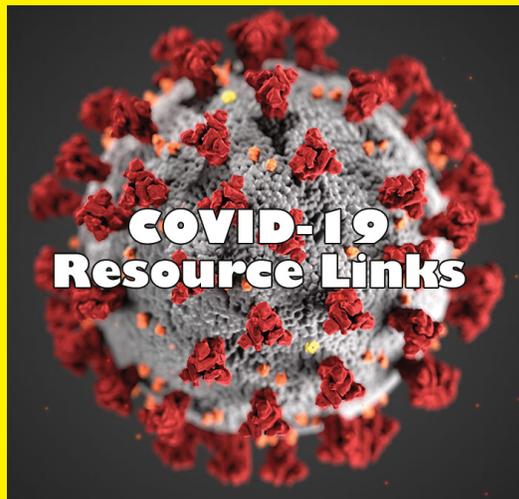
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From left: Nina Burt, O.D.; Kate Wagner, O.D.; E. Trevor Elmquist, D.O.; Sarah Eccles-Brown, M.D.



The Lee County Medical Society has put up a resource page with local resources for our members and staff. These links are live at

<https://lcmsfl.org/covid-resources>

## COVID-19 Local Updates and Resources

**Florida Department of Economic Opportunity.** <http://floridajobs.org/>  
*Direct link to re-employment assistance & Disaster Recovery*

**CDC Update:**

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>

**Florida Blue Group Eligibility & Billing Q&A:** <https://lcmsfl.org/page-1075507>

**Expansion of Telehealth Benefits for Medicare Beneficiaries:**

<https://lcmsfl.org/page-1075506>

**Governor's Executive Order on Non-Essential Elective Medical Procedures**

<https://lcmsfl.org/page-1075502>

**HHS Office of Civil Rights Enforcement Discretion related to HIPPA:**

<https://lcmsfl.org/page-1075505>

*The notice that eliminates penalties on physicians using TeleHealth.*

**FMLA Eligibility with COVID-19:**

<https://www.dol.gov/agencies/whd/fmla/pandemic>

**Department of Labor News Release:**

<https://www.dol.gov/newsroom/releases/osec/osec20200320>

**Lee Health Surgery Protocol:** <https://lcmsfl.org/page-1075493>

**United Way Resources:** <https://lcmsfl.org/page-1075491>

**Leading and Working from Home:** <https://lcmsfl.org/page-1075499>

**TeleHealth for Physicians:** <https://lcmsfl.org/page-1075501>

**SBA's Federal Disaster Loan Program:**

<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

# A Guide to Managing Your (Newly) Remote Workers

BARBARA Z. LARSON, SUSAN R. VROMAN AND ERIN E. MAKARIUS | PHYSICIAN | MARCH 18, 2020

## **We've made our coronavirus coverage free for all readers.**

In response to the uncertainties presented by Covid-19, many companies and universities have asked their employees to work remotely. While close to a quarter of the U.S. workforce already works from home at least part of the time, the new policies leave many employees — and their managers — working out of the office and separated from each other for the first time.

### **Common Challenges of Remote Work**

To start, managers need to understand factors that can make remote work especially demanding. Otherwise high-performing employees may experience declines in job performance and engagement when they begin working remotely, especially in the absence of preparation and training. Challenges inherent in remote work include:

**Lack of face-to-face supervision:** Both managers and their employees often express concerns about the lack of face-to-face interaction. Supervisors worry that employees will not work as hard or as efficiently (though research indicates otherwise, at least for some types of jobs). Many employees, on the other hand, struggle with reduced access to managerial support and communication. In some cases,

employees feel that remote managers are out of touch with their needs, and thereby are neither supportive nor helpful in getting their work done.

**Lack of access to information:** Newly remote workers are often surprised by the added time and effort needed to locate information from coworkers. Even getting answers to what seem like simple questions can feel like a large obstacle to a worker based at home.



Ada Yakota/Getty Images

This phenomenon extends beyond task-related work to interpersonal challenges that can emerge among remote coworkers. Research has found that a lack of "mutual knowledge" among remote workers translates to a lower willingness to give coworkers the benefit of the doubt in difficult situations. For example, if you know that your officemate is having a rough

day, you will view a brusque email from them as a natural product of their stress. However, if you receive this email from a remote coworker, with no understanding of their current circumstances, you are more likely to take offense, or at a minimum to think poorly of your coworker's professionalism.

**Social isolation:** Loneliness is one of the most common complaints about remote work, with employees missing the

*continued on next page*

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# A Guide to Managing You (Newly) Remote Workers

BARBARA Z. LARSON, SUSAN R. VROMAN AND ERIN E. MAKARIUS | PHYSICIAN | MARCH 18, 2020

*continued from previous page*

informal social interaction of an office setting. It is thought that extraverts may suffer from isolation more in the short run, particularly if they do not have opportunities to connect with others in their remote-work environment. However, over a longer period of time, isolation can cause any employee to feel less “belonging” to their organization, and can even result in increased intention to leave the company.

**Distractions at home:** We often see photos representing remote work which portray a parent holding a child and typing on a laptop, often sitting on a sofa or living-room floor. In fact, this is a terrible representation of effective virtual work.

## How Managers Can Support Remote Employees

As much as remote work can be fraught with challenges, there are also relatively quick and inexpensive things that managers can do to ease the transition. Actions that you can take today include:

**Establish structured daily check-ins:** Many successful remote managers establish a daily call with their remote employees. This could take the form of a series of one-on-one calls, if your employees work more independently from each other, or a team call, if their work is highly collaborative. The important feature is that the calls are regular and predictable, and that they are a forum in which employees know that they can consult with you, and that their concerns and questions will be heard.

**Provide several different communication technology options:** Email alone is insufficient. Remote workers benefit from having a “richer” technology, such as video conferencing, that gives participants many of the visual cues that they would have if they were face-to-face. Video conferencing has many advantages, especially for smaller groups: Visual cues allow for increased “mutual knowledge” about coworkers and also help reduce the sense of isolation among teams. Video is also particularly useful for complex or sensitive conversations, as it feels more personal than written or audio-only communication.

There are other circumstances when quick collaboration is more important than visual detail. For these situations, provide mobile-enabled individual messaging functionality (like Slack, Zoom, Microsoft Teams, etc.) which can be used for simpler, less formal conversations, as well as time-sensitive communication.

If your company doesn’t have technology tools already in place, there are inexpensive ways to obtain simple versions of these tools for your team, as a short-term fix. Consult with your organization’s IT department to ensure there is an appropriate level of data security before using any of these tools.

**And then establish “rules of engagement”:** Remote work becomes more efficient and satisfying when managers set expectations for the frequency, means, and ideal timing of communication for their teams. For example, “We use videoconferencing for daily check-in meetings, but we use IM when something is urgent.” Also, if you can, let your employees know the best way and time to reach

you during the workday (e.g., “I tend to be more available late in the day for ad hoc phone or video conversations, but if there’s an emergency earlier in the day, send me a text.”) Finally, keep an eye on communication among team members (to the extent appropriate), to ensure that they are sharing information as needed.

We recommend that managers establish these “rules of engagement” with employees as soon as possible, ideally during the first online check-in meeting. While some choices about specific expectations may be better than others, the most important factor is that all employees share the same set of expectations for communication.

**Provide opportunities for remote social interaction:** One of the most essential steps a manager can take is to structure ways for employees to interact socially (that is, have informal conversations about non-work topics) while working remotely. This is true for all remote workers, but particularly so for workers who have been abruptly transitioned out of the office.

The easiest way to establish some basic social interaction is to leave some time at the beginning of team calls just for non-work items (e.g., “We’re going to spend the first few minutes just catching up with each other. How was your weekend?”). Other options include virtual pizza parties (in which pizza is delivered to all team members at the time of a videoconference), or virtual office parties (in which party “care packages” can be sent in advance to be opened and enjoyed simultaneously). While these types of events may sound artificial or forced, experienced managers of remote workers (and the workers themselves) report that virtual events help reduce feelings of isolation, promoting a sense of belonging.

**Offer encouragement and emotional support:** “How is this remote work situation working out for you so far?” can elicit important information that you might not otherwise hear. Once you ask the question, be sure to listen carefully to the response, and briefly restate it back to the employee, to ensure that you understood correctly. Let the employee’s stress or concerns (rather than your own) be the focus of this conversation.

Research on emotional intelligence and emotional contagion tells us that employees look to their managers for cues about how to react to sudden changes or crisis situations. If a manager communicates stress and helplessness, this will have what Daniel Goleman calls a “trickle-down” effect on employees. Effective leaders take a two-pronged approach, both acknowledging the stress and anxiety that employees may be feeling in difficult circumstances, but also providing affirmation of their confidence in their teams, using phrases such as “we’ve got this,” or “this is tough, but I know we can handle it,” or “let’s look for ways to use our strengths during this time.” With this support, employees are more likely to take up the challenge with a sense of purpose and focus.

We’ll add our own note of encouragement to managers facing remote work for the first time: you’ve got this. Let us know in the comments your own tips for managing your remote employees.

# DOCTORS: HOW TO TALK TO PATIENTS ABOUT NUTRITION AND DIET

By: Kerin Torpey Bashaw, MPH, RN, Senior Vice President, Department of Patient Safety and Risk Management, The Doctors Company

The American Heart Association estimates that 46 percent of U.S. adults have hypertension, and, on average, someone dies of cardiovascular disease every 38 seconds. A 2018 report by the Centers for Disease Control and Prevention (CDC) showed the average U.S. adult is nearly obese. A 2017 study revealed that about 45 percent of deaths from cardiometabolic conditions were due to dietary factors.

Andrew M. Freeman, MD, FACC, co-chair of the Lifestyle and Nutrition Workgroup with the American College of Cardiology, explains that the drugs we use to treat heart disease can be wonderful tools, but they don't really focus on a cure or reversal—they only control the disease.

But drugs aren't the only option. Stephen Devries, MD, executive director of the Gaples Institute for Integrative Cardiology, stresses the wealth of research focusing on lifestyle and nutrition as the key component for curing or reversing heart disease. The data suggest that a diet filled with vegetables, fruit, whole grains, and predominantly plant-sourced protein offers the best chance for both prevention and treatment of heart disease, as well as benefits for reducing the risk of certain cancers.

Dr. Devries points to one landmark study, which found that a Mediterranean-style diet emphasizing more fish, vegetables, nuts, and whole grains yielded a 72 percent reduction in the occurrence of nonfatal myocardial infarction and death, compared to a control group. A more recent study of the Mediterranean-style diet found a 28 percent reduction in nonfatal myocardial infarction, cardiac death, and stroke, Dr. Devries notes.

The results that are possible with changes in nutrition and other lifestyle improvements make every drug and procedure pale in comparison, Dr. Freeman says. The Dietary Approaches to Stop Hypertension (DASH) trial showed that a diet rich in vegetables, fruit, and low-fat dairy prompted a significant drop in blood pressure in only two weeks.

Dr. Devries explains the compelling results of this research in a four-hour, self-paced CME program called Nutrition Science for Health and Longevity: What Every Physician Needs to Know, recommended by The Doctors Company. One of the keys to making nutrition counseling work in a busy practice is making optimal use of the short period of time that physicians have available for nutrition counseling — a key component of the CME nutrition course.

Effective communication requires a more interactive approach that uses data to back up the recommended changes. For example, Dr. Freeman asks patients what

they had for lunch that day, what they had for dinner the night before, and how active they were in the past week for a snapshot assessment of nutrition and lifestyle. He then asks permission to be critical about the diet, which indicates whether the patient is receptive to the changes that are necessary to reverse the course of heart disease.

Dr. Freeman also assesses readiness for change through a technique called motivational interviewing, which helps identify what incentivizes a person to change behaviors. Clinical scenarios that provide tips for motivational interviewing are also included in the nutrition CME course. Physicians also can support patients making healthy lifestyle changes through programs like Walk with a Doc, which encourage doctors and patients to take walks together.

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 healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

*But  
drugs  
aren't  
the only  
option.*



LINK:

<https://www.thedoctors.com/articles/doctors-how-to-talk-to-patients-about-nutrition-and-diet/>



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