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LEE COUNTY MEDICAL SOCIETY BULLETIN

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement 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 meeting minutes are available for all members to review.

Membership News

Relocated

Sergio J. Vignali, M.D.
Family Health Centers
13195 Metro Parkway
Fort Myers, FL 33912
Tel: 239-344-2348

Edward T. Humbert, D.O.
Dennis O. Sagini, M.D.
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7331 College Parkway, Suite 300
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Kenneth Tolep, M.D.
Stephen E. Hannan, M.D.
HealthPark Pulmonary Specialists
9131 College Pointe Court
Fort Myers, FL 33919
Tel: 239-343-9100

Richard Davis, M.D.
Snead Cataract
4790 Barkley Circle, Bldg C#103
Fort Myers, FL 33907
Tel: 239-936-8686

Retired

Congratulations to John B. Fenning, M.D. on his retirement from active practice. Dr. Fenning served as an orthopedic surgeon in Lee County for over 40 years. He was in group practice with Joint Implant Surgeons of Florida.

ANNUAL MEDICAL SERVICE AWARDS NOMINATIONS ARE CLOSED FOR 2011

Thank you for your nominations. Candidates will be reviewed by the AMSA committee and the winning recipients will receive their awards at the January 2012 General Membership / Annual Medical Service Awards & Installation of Officers Meeting. Please plan on joining us to welcome our 2012 LCMS Officers and to honor our deserving Physicians.

January, 2012 General Membership Meeting & Installation of Officers
Edison State College
8099 College Parkway
Fort Myers, FL 33919
Community room AA-177

LCMS Congratulates 2011 Golden Baby Shoes Awards

The Healthy Start Coalition of Southwest Florida announces the winners of the 2011 Golden Baby Shoes Awards.

Dr. William Liu

A neonatologist who is a community leader in raising awareness of infant health issues including his recent presentation on the rise of babies born addicted to prescription drugs.



Dr. David MacKoul

His medical practice has received "the best in Cape Coral Pediatrician" award four years in a row. Kids simply call him "Mr. Cool."



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To steal ideas from one person is plagiarism, from many is research.

As I Recall...

Roger D. Scott, M.D.

DECADES

In the past it seemed that it was a long time from November to November, my birth month, but as the years have passed that time has become shorter and shorter and before I fully realized it, I became an Octogenarian rapidly approaching my ninth decade. On this November 5th I will be past the midpoint towards being a Nonagenarian (Bet you didn't know I knew a big word like that!) assuming I last another four years. So at this point I will share with you some of the events and life in my decades.

First Decade: 1920's Probably the biggest event (but I was unaware of it) was my birth in 1926. My memory only begins about late 1928, but certainly in 1929. Luxuries of life such as running water and electric lights were foreign to us at the sawmill. We lived with artesian sulfur water and by hand pumping from shallow wells. Bathing was done in large metal tubs filled by hand buckets with water from the hand pump. The toilet was an outhouse (see A.I.R. September 1998 "PRIVY") and a chamber pot at night because we might encounter wild animals that might appear from the woods. Our light was natural sunlight or kerosene lanterns in the evening but there was steam power created to run the machines and saws at the sawmill. Most events occurred between sun up and sun down in this portion of the decade. Of course there were no radios, air-conditioning or fans, only the natural wind for cooling. Rain was welcomed as a shower and the large marsh areas filled with water from the rain were our "swimming" pools. Fresh meats were often local game such as wild turkeys, wild pigs, birds (quail & doves), and on one occasion, my pet goat! Canned goods (vegetables, meat, milk, fish, fruits) were available. We were really "one step" above the true pioneers of Florida- such a beautiful wooded state at that time.

I think "booze" was home made as the National Prohibition Act (This 18th Amendment to the U.S. Constitution of 1919 was repealed by the 1933 21st Amendment) denied the manufacture, sale, or use of alcoholic beverages in the United States except by physician's prescription (We have these in the Museum).

Second Decade: 1930's Life continued pretty much the same except we moved the mill to Townsend Community (It should have been named Town's End!), Georgia in the first year. We had "running water" with an indoor toilet, sink, & bathtub. I still remember watching with amazement as the toilet water went round & round with repeated flushing! For some reason I can't remember the lighting, maybe we had electric power as it was a better but still unpainted house than the shack we had at Kenansville. I began the first grade, but the teacher said I was too young so I repeated the grade when we moved to Live Oak in 1932. We had a "modern" but old two-story frame house at 202 W. Duvall Street that still stands today. There was running cold water but hot water had to be heated on the wood stove in the kitchen and added to the sink or bathtub. Initially the only heat was from three fireplaces and boy did North Florida get cold in the winter! We then got a large oil heater placed in the main hall downstairs, that radiated heat to both the downstairs and upstairs. In the summer it was beastly hot and eventually we got a very large attic fan that would circulate the air and draw cooler evening air into the house. It was during these years that my great friendships began that continues to this date especially with Gilliam Walton and J.D. Henry, Jr. Unfortunately JD was considerably younger and at that age did not get to do many of our activities. It was during these years that I first learned the physical difference between the boys and girls by mutual agreement. Many of our exploits have been heralded in previous A.I.R. articles. Live Oak was indeed a

wonderful small town in which to grow up. We were safe and could venture anywhere we wanted. Many of the toys we had were homemade by ourselves. We got BB guns, bows and arrows, firecrackers all year, dug caves in our yards, listened to homemade crystal radios, and also listened to regular radio programs (Many homes did not even have radios.) such as The Lone Ranger, the Green Hornet, Hopalong Cassidy, Flash Gordon, the Shadow and so many other programs. It was a time for imagination and "play" acting. In December 1938 we moved from in town to three miles out of town to a new brick two story house that was one of the early centrally air-conditioned and heated houses in the state. I rode my bicycle, carrying my trombone, to school about 3 miles each way (at least it seemed that far) each day. School buses only ran for people that lived a long ways from school. I got my first Florida drivers license in 1939 although I had been driving for over six years before. We began dancing and dating and having girl friends towards the end of this period. In 1938 Gilliam and I joined the Boy Scouts of America. I reiterate that it was such a good town and time in my life. The winds of World War II were stirring significantly for the United States.

Third Decade: 1940's: Life as usual until September 1941 when I went off to Riverside Military Academy in Gainesville, Georgia to finish my last three years of high school for a better education than could be had locally, not for disciplinary reasons. On the seventh of December, 1941 as we were preparing for our Sunday dress parade, the radio blared out "The Japs have attacked Pearl Harbor." More about this in the December issue. Our world changed completely and the United States truly became united in the all-out effort to eradicate those foes who were attempting to take over the world and decimate liberty. It seemed that everybody was working in concert as one to achieve this goal. Finally in 1945 the war ended in victory for us. I graduated from Riverside in June 1944 and really loved the military so I obtained an appointment to West Point (U.S. Military Academy), but failed the physical exam because I had such bad eyes and wore glasses. Not having any idea what to do, I went to the University of Florida and my father suggested that I go into medicine. While there I was drafted into the Army and three days later thrown out because of my vision. The education at UF was excellent for the Humanities, but greatly lacking in pre-med studies (There were no medical schools in the state of Florida.). I worked in the library and also the Silver Spoon ("Greasy Spoon") as a dishwasher, waiter and rarely a short order cook. Don't tell anybody about this, but during this time a (seemingly) much older woman of perhaps 30 - 35 years old invited me to her house for Sunday dinner. After dinner she excused herself and went upstairs, and returned downstairs wearing only a negligee! It was then that I learned that all the men including her husband were off to the war, and we older boys (at 17 I was thin & tall) were sometimes considered substitutes. Scared to death, I immediately jumped on my bicycle and quickly fled back to the University. This was many years before a similar episode occurred in the *Graduate* movie with Dustin Hoffman. This is really the first time in my life that I've been public with this episode. After 1 ¼ years I transferred to the University of Virginia for two years, and then worked for six months in Miami before entering the University of Maryland School of Medicine in September 1947. Unfortunately this space has run out but there are many more decades to this story. **Happy Birthday to you of November birth. Happy Thanksgiving and give thanks for all of our blessings and to all of the persons both alive and deceased who have made our wonderful lives possible.**

Key Contacts Needed

Dear Lee County Medical Society Member:

We are taking this opportunity to ask you to represent the Lee County Medical Society as a key contact physician to a local legislator in 2012.

A Key Contact is a physician or an Alliance member who agrees to represent physicians and patients to our local representatives. They are encouraged to get to know our representatives and to keep them and their staff informed of issues that are affecting medicine.

As a Key Contact you are also a member of the Lee County Medical Society Legislative Committee. Key Contacts are invited to all Legislative Committee meetings and to meet with Senators and Representatives to discuss our Medical Community. They also are involved in decisions for LeePAC (Lee County's Medical Political Action Committee) supported candidates. The Lee County Medical Society feels that this is a very important way for the Medical Society to influence legislative decisions that affect them and their practices.

LCMS Group Purchasing Update - Discounts with AT&T, Medical Supplies, and Office Supplies

Have an Iphone or Ipad? Members of Lee County Medical Society and their employees are now eligible for a **24%** discount off of their AT&T bill through our group purchasing program.

Want medical supplies for less? Through our group purchasing program, Members of Lee County Medical Society can now purchase medical supplies through **PSS (Physicians' Sales & Service)** at discounted prices. My office has found this pricing schedule to be more heavily discounted than Summit, Blue Medical, and McKesson. And, through our program, they are willing to price match.

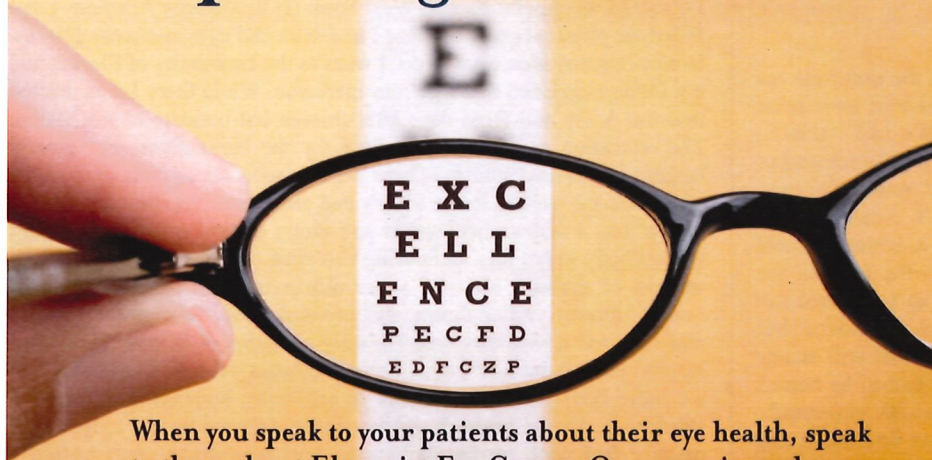
Remember- Members of Lee County Medical Society are entitled to discounts of **65%** off of list price at **OfficeMax**. Also, through our program, they are willing to price match.

To take advantage of this opportunity, you need to sign-up with VHA. Please contact the Medical Society for more information at 936-1645.

Contact the LCMS office at 239-936-1645 to get started.
Audrey Farahmand MD, Treasurer
Lee County Medical Society.

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E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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Children of Three Lee County Medical Society Members are National Merit Semifinalists for 2012



Cyrus Anderson, Fort Myers HS
Dr. Cy and Mariquita Anderson



Leigh Raskauskas, Community School
Dr. Paul and Lane Raskauskas



Patience Stevens, Bishop Verot
Dr. Douglas and Teresa Stevens.

Twenty-five seniors in Collier and Lee counties' public and private high schools are among the approximately 16,000 members — less than 1 percent — of the Class of 2012 to be named as semifinalists in the National Merit Scholarship Program.

They are now in line for scholarships from schools, business partners and the scholarship programs. Competition was stiff. As juniors they out scored more than 1.5 million peers from 22,000 U.S. high schools who took the Preliminary SAT/National Merit Scholarship Qualifying Test.

Medical License Renewal Postcards Mailed Next Week

If your allopathic medical license expires Jan. 31, 2012, be on the lookout for the renewal postcard that will be mailed by Florida Department of Health early next week. [Click here](http://www.flmedical.org/informz/2011renewalpostcard.pdf) <http://www.flmedical.org/informz/2011renewalpostcard.pdf> to view a sample copy of this postcard. If you need the mandatory CME topics Prevention of Medical Errors or Domestic Violence, visit the [FMA website](http://www.flmedical.org/Layout_1Column.aspx?pageid=2463) http://www.flmedical.org/Layout_1Column.aspx?pageid=2463 for complimentary access to these online courses.

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RISKS AND BENEFITS OF ELECTRONIC MEDICAL RECORD

By Cliff Rapp, LHRM
Vice President, Risk Management

The information below does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained herein are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

Sound medical record documentation should never be compromised by an EMR (Electronic Medical Record). While most physicians are aware of the liability issues inherent to an EMR – compliance, privacy, and security – the potential for patient injury due to fundamental documentation error is frequently overlooked. With the exception of a few anecdotal cases, there is little data to reflect the dangers of EMR. However, cases have been reported where the root cause of patient injury or compromised defensibility was the EMR. Whether attributed to misuse or flaw, risk management should be a consideration when utilizing an EMR.

Transforming your paper-based patient records to electronic format has the potential to prevent medical errors and improve medical office efficiency. While the use of EMRs can improve the organization of your medical office and provide time-saving benefits, it is important to understand the components of EMRs and recognize both the benefits and risks.

Many people use the terms EMR and electronic health record (EHR) interchangeably. It is important to understand the distinct differences in the two. The EMR is the legal record created by healthcare providers and the EHR allows medical information to be shared among care providers. The EHR is reliant on the EMR.

Electronic Medical Record

An electronic medical record (EMR) is a practice management system that stores health information about a patient.

Electronic Health Record

An electronic health record (EHR) is defined as a data set of health information that can be routed to another location, such as a lab, pharmacy, hospital, or another provider, to be opened and read. It is an entire package that supports the exchange of administrative and clinical information about a patient in a secure environment so that all members of the healthcare delivery team have accurate, reliable and current patient information to assist in managing a patient's care.

EMR Benefits

The implementation of an EMR in your office can prove beneficial to you, your practice, and your employees if used properly and with the correct protocols. Two of the most common benefits of EMRs are patient safety and an increase in office efficiency.

Some of the many benefits of an EHR contained within an EMR are instant access, alerts to drugs that may interact or cause an adverse reaction in your patient, reminder of patient allergies, reminder of delinquent diagnostic results and patient notification for follow-up or recall appointments. Implementing an EMR also replaces the use of poorly legible handwritten paper medical records, which can contribute to [medical errors](#). Electronic records also help with the standardization of forms, terminology and abbreviations, and data input.

Risk Concerns

Although one of the goals of electronic medical records is to improve patient safety, like most technology, EMR systems have some disadvantages. If the sophistication and complexity of your EMR surpasses the skills of your medical and support staff, operational struggles will ensue. These include potential loss or deterioration of data when transitioning from paper to electronic formats and the risk that data entry may fail and data may be lost, corrupted, destroyed or improperly stored, retrieved or released.

Another major concern relates to privacy issues. The potential exists for portable devices with protected health information, such as laptops, to be stolen. There is also a risk of inappropriate record tampering. The accessibility of electronic medical records by numerous healthcare-related professionals, including technicians and billing clerks, may also increase the ease with which EHRs can be accessed and stolen by unauthorized persons versus paper medical records.

RISKS AND BENEFITS OF ELECTRONIC MEDICAL RECORD

Evaluating EMR Products

With the myriad of EMR products available, selecting an EMR appropriate for your practice is a daunting process. To ensure that the product you select meets your needs and is suitable for your practice, an organized and methodical evaluation is recommended.

As you review EMR product features, beware of automatic defaults in templates. Avoid setting up systems to default to “negative” if no entry of a positive finding is entered. Avoid “cut and paste” entries from other parts of the patient record.

Many EMRs contain data entry functions that are repetitive. For example, patient information from a prior visit may be used for a current visit, without a required review of the previous information. While this may expedite the documentation process, incorrect information could be entered in the record which might pose a problem in reviewing and utilizing the information in subsequent encounters.

It is important to discuss with your EMR vendor the possibility of updated or revised record keeping software, with an eye toward increased flexibility that will allow a physician to ensure patient information is current and accurately recorded. Make sure that “default entries” can be turned off, so that erroneous or inaccurate entries are avoided. While it is costly to replace your EMR, most vendors offer enhancements to existing software which will afford this added protection.

Risk Management Guidelines

As the use of EMRs continues to increase, it is important to follow the following risk management guidelines with implementation in your medical practice:

- Dedicate resources and time for staff training and preparation. Do not plan to provide the training yourself.
- Train patients about aspects of your EMR system that pertain to them. Obtain their e-mail address and verify periodically.
- Closely monitor activities during implementation. Compare your designed workflow with what actually happens.
- Start new patient records electronically. Enter all new data electronically. Do not create a duplicate paper record from the electronic record.
- Develop and adhere to policies and procedures entailing maintenance, access and release of electronic medical records. Ensure policies related to your new electronic record comply with HIPAA and state Privacy and Security regulations. Consider protection from identify theft when developing privacy and security policies.
- Provide a HIPAA Privacy and Security refresher course that addresses your specific EMR issues.
- Set limits on data access based on individual user’s needs.
- Routinely back-up the system and data and build in safeguard redundancies to avoid loss or destruction of data, either inadvertently or maliciously.
- Include policies and procedures for retrieving portable devices from exiting employees and closing access accounts to data portals when employees exit the practice.
- Address security incidents and non-compliance.
- Install firewall and virus protection software on all portable and remote devices.
- Keep your vendors and IT consultants involved in both your transition to an EMR and future updates to the system.

Ultimate Responsibility

What remains crystal clear is the fact that a physician who uses EMRs remains legally responsible for the proper use and protection of the information contained in the EMR. Remember to seek legal or risk management guidance when necessary.

VOLUNTEERS NEEDED FOR LEGISLATURE’S DOCTOR OF THE DAY PROGRAM

The 2012 Legislative Session is just a few months away, and the Florida Office of Legislative Services needs physicians to participate in the legislature’s Doctor of the Day Program. Session begins on Tuesday, January 10, 2012, and is scheduled to adjourn on Friday, March 9, 2012.

The Legislature needs two physicians for each day of the session, one for the House of Representatives and one for the Senate. If you are interested in serving as Doctor of the Day, please contact Althea Houston with the Florida Office of Legislative Services at (850) 488-6803.

DISPLAYING PATIENT PHOTOS AND CARDS

First Professionals Insurance Company (FPIC)

Depending on medical specialty, patients may send photographs of themselves or family members to reflect a successful recovery or their participation in events subsequent to their care and treatment. Some patients send cards and letters in thanks for the care and treatment they received or to praise a particular staff member. Frequently, these cards, photos and platitudes are proudly displayed. The liability issue becomes one of confidentiality breach should these documents be displayed in the office and viewed by others. Technically, HIPAA and state privacy laws forbid the display of such documents unless the patient has authorized same and applies to those documents even when displayed in a 'back-office' location, such as staff bulletin board or practice intranet page.

Consequently, patients should be asked to provide authorization and consent to the posting of photographs, seasonal greeting cards and letters if it is the practice to display such documents. Simply asking the patient for permission to post their photo or card will suffice. However, document their permission. Written consent is more foolproof.

Therefore, absent patient consent, all cards, letters, and photographs should be treated like all other correspondence and filed in the patients chart. Additionally, the same retention rules apply as that of medical records.

Thomas P. Clark
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Robert S. Forman
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Concentrates in
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The only thing necessary for the triumph of evil is for good men to do nothing. Edmund Burke, 1795

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Lee County Medical Society Nominations for 2012 Officers

The following slate of nominations for the 2012 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 17, 2011 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: Richard Macchiaroli, MD (*elected 2010*)

President-Elect: Audrey Farahmand, MD

Secretary: Mary Magno Mouracade, MD

Treasurer: Andrew Oakes-Lottridge, MD

Past President: Shahid Sultan, MD

Members-at-Large

Joanne Carobia, MD (2014)

Daniel de la Torre, MD (2014)

Valerie Dyke, MD (2014)

Previously elected Members-at-Large:

Jon Burdzy, DO (2012)

Carlos Chavez, MD (2013)

Kultar Singh, MD (2013)

Shari Skinner, MD (2013)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS

Kultar Singh, MD, Chair

Newly elected EJA Members:

Darius Biskup, MD (2014)

Andrew Oakes-Lottridge, MD (2014)

Previously elected EJA Members:

Allen Jacobs, MD (2012)

Paul Makhoul, MD (2012)

Jose Manibo, MD (2012)

Brian Kurland, MD (2013)

Craig Sweet, MD (2013)

LEGISLATIVE COMMITTEE

F. Rick Palmon, MD

DELEGATES/ALTERNATES TO THE FMA ANNUAL MEETING

FMA Delegates

Cy Anderson, MD

Stuart Bobman, MD

Stefanie A. Colavito, MD

Daniel de la Torre, MD

Valerie Dyke, MD

Larry Hobbs, MD

Raymond Kordonowy, MD

Richard Macchiaroli, MD

Mary Mouracade, MD

James Rubenstein, MD

Shari Skinner, MD

Shahid Sultan, MD

FMA Alternate Delegates

James H. Fuller MD

*PLEASE ATTEND THE NOVEMBER 17TH MEETING
AND SUPPORT THE PHYSICIANS WHO WORK
ON YOUR BEHALF. IF YOU HAVE A NOMINATION
FROM THE FLOOR, PLEASE CONTACT OUR OFFICE.*

NOVEMBER 17, 2011

FineMark National Bank & Trust

2681 Creekside Lane

Fort Myers, FL 33919

We would like to thank Drs. Rachid Aouchiche, Barry Blitz, Douglas Henricks and Craig Sweet for their years of service on the Board of Governors of the Lee County Medical Society. They will be leaving the Board at the end of 2011.



**The Lee County Medical Society Board of Governors & Staff
would like to wish you and your family a**

Happy Thanksgiving

Thomas Alva Edison Kiwanis Science and Engineering Fair

Participate—Be a Judge!

There is exciting news this year about the Thomas Alva Edison Kiwanis Science and Engineering Fair.

Florida Gulf Coast University will be our hosts. The fair will take place at the Alico Arena on the FGCU Campus. The fair will also be held a bit earlier this year.

It will take place on **Saturday, January 14, 2012**. I wanted to give you an early notice of these changes so that you can mark your calendars and reserve the date if you want to be a judge this year.

I will be sending out more detailed information and a call for judges at the end of November, but if you have any questions about the new location or date, or anything else you want to know about the fair, please don't hesitate to contact me. If you have any friends or colleagues that you think would enjoy judging, please have them send me their contact information and I will add them to the list for future notification.

We are looking forward to this new partnership with FGCU and hope that you will join us in starting a new tradition for the Science Fair.

Thanks again to those who have volunteered in prior years and we hope to see you again this year!

Tom Jones,
Science Fair Judge Coordinator
Kiwanis Club of Fort Myers
239-940-5903
Cobra64@comcast.net

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Prescription Pad Theft and Abuse

By the Risk Management Experts at First Professionals Insurance Company (FPIC)

A major problem facing healthcare professionals today is the abuse of prescription drugs and diversion of medications. A prescription drug abuser may prey on the sincere efforts of healthcare professionals to eliminate pain and suffering, and provide comfort for a patient. Frequently, prescription drugs become a very valuable product for the drug trafficker. The theft of prescription pads and medications occurs in a variety of ways. Every physician and healthcare professional should safeguard against becoming an easy target for drug diversion.

Editor's note:

A Declaration of Public Health Emergency was issued in Florida effective July 1, 2011 in response to the epidemic of prescription drug overdoses. Chiefly aimed at pain management practices, certain dispensing practitioners of Schedule 11 and Schedule 111 controlled substances must be available to DOH inspection and substance inventories are subject to certain disposal requirements. According to the Florida Department of Law Enforcement, the drugs that caused the most deaths are Oxycodone, Hydrocodone, all Benzodiazepines – most notably Alprazolam, and Methadone. Effective 8/29/11, Florida law requires that health care providers use an approved counterfeit proof prescription pad when prescribing drugs such as oxycodone.

The most effective method of combating prescription drug abuse is through education and communications.

When Confronted by a Suspected Drug Abuser, Do Not:

- "Take their word for it" when you are suspicious
- Dispense drugs just to get rid of drug-seeking patients
- Prescribe, dispense, or administer controlled substances outside the scope of your professional practice or in the absence of a formed physician-patient relationship
- Accuse the patient or advise third parties

If you discover a loss of controlled substances or theft of prescription forms, you are required to notify the Drug Enforcement Agency (DEA) and your local law enforcement.

If You Suspect Misuse of Prescriptions:

- Perform a thorough examination appropriate to the condition.
- Document examination results and questions you asked the patients.
- Request picture ID or other ID and social security number. Photocopy these documents and include in the patient's records.
- Obtain authorization from the patient to contact their previous practitioners, pharmacist, or hospital (in order to confirm the patient's story).
- Confirm the current address and phone number at each visit.
- Write prescriptions for limited quantities.
- Refer the patient for treatment of substance abuse. Document refusal of treatment.

To avoid prescription pad theft and abuse, it is a good idea to practice the following risk management principles:

- Secure inventory of prescription pads in locked area.
- Number your prescription pads. Keep count of all prescription pads by having staff document a weekly inventory count.
- Keep one prescription pad in your pocket for use in your office.
- Do not leave prescription pads in patient rooms or at workstations.
- Do not have your DEA number pre-printed on prescription pads.
- Do not give your DEA number to anyone in your office.
- Do not allow anyone else to sign your prescription pads.
- Do not pre-sign any prescriptions.
- Maintain a current list of medications prescribed for each patient, along with dates and numbers of refills (including samples) to monitor the patient's medication use.

Know your employees. Conduct a pre-employment criminal background investigation and pre-employment drug screening for potential employees and include a policy for random drug testing in your personnel manual.



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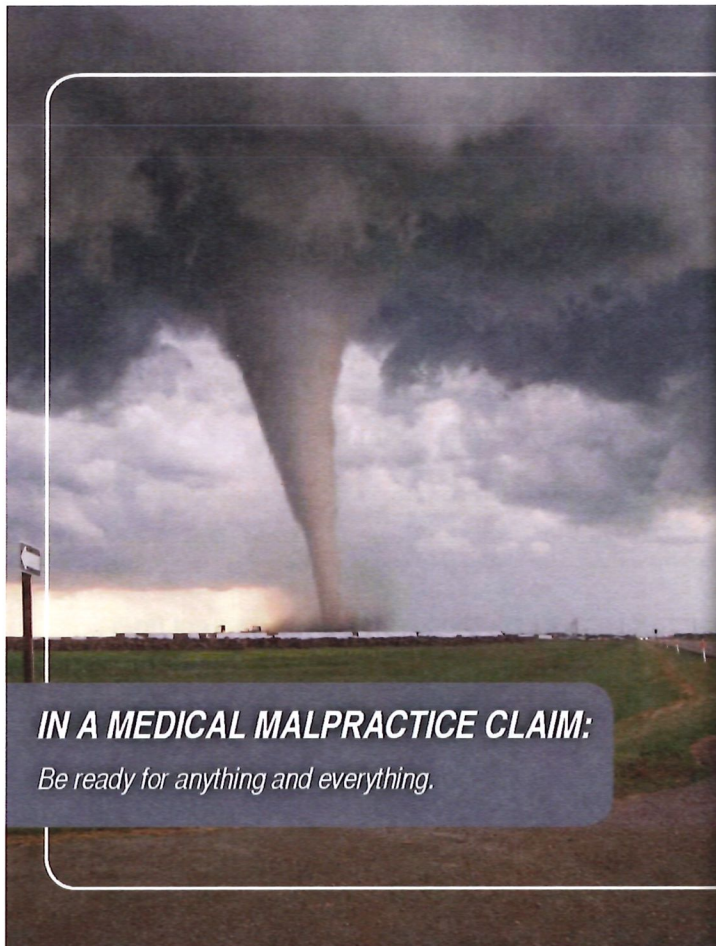
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