

2012 Annual Meeting and Nomination of Officers

November 15, 2012

FineMark National Bank & Trust

12681 Creekside Lane

Fort Myers, FL 33919

6:30 PM Social / 7 PM Dinner

Speakers:

Jaime Maurer, Esq.

Denise L. Wheeler, Esq.

*"Employment Claims Can Kill You—
 A Prescription for Best Practices"*

Sponsored by:

Fine Mark National Bank & Trust

December 3, 2012

LCMS / Alliance

Holiday Party

7-10 p.m.

Gulf Harbour Country Club

14500 Vista River Drive

Fort Myers, Florida 33908

Sponsored by:

Fine Mark National Bank & Trust

The Doctors Company (FPIC)

RSVP Medical Society Office

LCMS, 13770 Plantation Rd, Ste 1

Fort Myers, FL 33912

Inserts

November Meeting Notice

Does Your License Expire Soon?

Neurology and Spine Center Flyer

Inside this issue:

| | |
|--|----|
| President's Message | 1 |
| New Applicants & Membership News | 2 |
| Florida Drug Database Intended to Save Lives is Barely Used by Doctors | 3 |
| Alliance News | 4 |
| First Look at the Final Stage 2 Meaningful Use Rules | 5 |
| Congratulations to all Members in the LCMS Workers Comp Plan | 6 |
| LCMS Wine Tasting Event Photos | 7 |
| LCMS Nominations for 2013 Officers | 8 |
| Guidelines for Appropriate use of Social Media in Medical Practice. | 9 |
| LCMS Calendar of Events 2012-2013 | 10 |
| | 11 |

President's Message

Richard Macchiaroli, MD

Patient Satisfaction Surveys – Helpful or Harmful?



Patient satisfaction surveys have received a great deal of attention in recent years. Both hospitals and accountable care organizations (ACO's) are having reimbursement placed at risk related to patient satisfaction metrics. The key question to me is whether patient

satisfaction has any bearing on appropriate medical treatments and patient outcomes. The most notable metric in use is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score. Patients get the opportunity to evaluate multiple aspects of their care from overall experience, to physician care, communication, nursing care, and others. In return, if the hospitals and ACOs do not achieve certain federal government defined goals, reimbursement reductions from the Centers for Medicare and Medicaid Services (CMS) will be applied. This is currently affecting hospital reimbursement and will also apply to ACO's in regard to shared medicare savings. Ultimately most physicians and hospitals will have reimbursement placed at risk on the basis of patient satisfaction scores.

Physicians graduating from medical school must all take the Hippocratic Oath. As newly minted doctors, we swore "that above all else I will serve the highest interests of my patients through the practice of my science and my art." The Hippocratic Oath expresses a vow to care for our patients in ways that are the most beneficial and least harmful to them. CMS's practice of pressuring medical practitioners to achieve patient satisfaction metrics through increased or shared reimbursement does not necessarily result in the most appropriate care for our patients. Physicians should use evidence based medicine to decide best treatments for patients. Evidence based practice often conflicts with what many patients think is anecdotally necessary in their individual case.

For example, performing head CT's on all head trauma patients is not always recommended on the basis of clinical guidelines. However, for the patients and families who are understandably self-concerned and lacking medical knowledge, using clinical guidelines instead of imaging studies in a head trauma may seem frivolous, uncaring, and consistent with poor patient care. Although the physician did what was best for the patient, the perception by the patient is sometimes otherwise.

This applies to numerous clinical situations in regard to laboratory and imaging studies, administration and prescription of medication, specialty consultant referrals, etc. Many patients seem to maintain a belief that more medicine is better care. Although the physician may spend substantial time explaining evidenced based reasoning to patients and families, this can frequently fall on deaf ears. The physician may have prevented the patient from receiving excess radiation, allergic reactions, procedural complications and unnecessary costs. Unfortunately, not fulfilling what the patient deems appropriate care will often result in poor patient satisfaction surveys. The unfortunate reality is that in many instances conservative treatment is what is best for the patient. However, physicians are being incentivized by the government to please patients, not to do what is best for them.

Other barriers to patient satisfaction include the identification of patients with psychiatric behaviors, addictions, non-compliance, risky behaviors, and those seeking secondary gain such as disability, workers compensation and tort actions. Nonetheless, all of these individuals get the opportunity to rate their physicians on patient satisfaction surveys. It is clear from studies that those who are unhappy with their medical care are more likely to fill out a survey. The concept of reimbursement based upon patient satisfaction clearly incentivizes physicians to give patients what they ask for in regard to tests, prescriptions, procedures, and referrals to keep them happy. This would seem to promote the opposite of the cost-saving physician behavior we desire in these times of economic stress in the medical community.

Unfortunately I believe that patient satisfaction surveys will only promote increased utilization of often unnecessary medical resources to keep patients happy and satisfied. At the same time, these satisfaction scores are being used by CMS to justify reducing payments to hospitals and providers. Patient satisfaction has very little to do with appropriate best practice medical treatments and outcomes. This seems to be another poor government based evaluation tool that pulls medical providers in two diametrically opposed economic directions. Obviously, physicians want satisfied patients. However, what is best for your patient is not always what makes them happy. Remember your Hippocratic Oath.

LEE COUNTY MEDICAL SOCIETY BULLETIN

13770 Plantation Road, Ste 1
Fort Myers, Florida 33912
Phone: (239) 936-1645
Fax: (239) 936-0533
E-Mail: awilke@lcmsfl.org
www.leecountymedicalsociety.org

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

CO-EDITORS

Mary C. Blue, M.D.
John W. Snead, M.D.

EDITORIAL BOARD PRESIDENT

Richard Macchiaroli M.D.

PRESIDENT ELECT

Audrey Farahmand M.D.

SECRETARY

Andrew Oakes-Lottridge M.D.

TREASURER

Mary Magno Mouracade M.D.

PAST PRESIDENT

Shahid Sultan M.D.

MEMBERS-AT-LARGE

Jon Burdzy, D.O.
Joanna Carioba, M.D.
Carlos Chavez, M.D.
Daniel De La Torre, M.D.
Valerie Dyke, M.D.
Kultar Singh, M.D.
Shari Skinner, M.D.

MANAGING EDITOR

Ann Wilke, 936-1645

BULLETIN STAFF

Valerie Stine
Marian McGary

The editors welcome contributions from members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society. Advertisements do not represent sponsorship or endorsement by the Lee County Medical Society nor necessarily implies the accuracy or reliability of any advertisement displayed in this publication. © 2012 LCMS.

PRINTERS

Insta Print

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

Membership News

UPDATES NEEDED— PRACTICE NAME—ADDRESS—PHONE—WEBSITE

Please call the office at 936-1645 and let us know if your address, phone number, or website address has changed. This information is available to the public through our website. We would like to keep your information up-to-date for those that are looking for a physician.

BEEN THINKING ABOUT IT? GIVE IT A TRY? Write for your LCMS Bulletin, call today...936-1645 or submit an article for review to: valerie@lcmsfl.org.

Recruit three new members and your 2014 dues will be reduced to zero!

New Applicants

Alejandro Miranda-Sousa, MD—Dr. Miranda-Sousa received his MD degree from Universidad Peruana Cayetano Heredia Medical School, Lima Peru 1989-1997. He completed his residency at Hospital Nacional E. Rebagliati, Lima Peru 1999-2000. Dr. Miranda-Sousa completed an internship at the University of South Florida 2002-2003. He completed a fellowship at the University of South Florida 2000-2002. Dr. Miranda-Sousa also completed a Urology residency at the University of South Florida 2003-2007. He is in group practice with Gulfstream Urology, 8931 Colonial Center Drive, Suite 100, Fort Myers, FL 33905—Tel: 239-277-5770.

Karen Calkins, MD—Dr. Calkins received her MD degree from New York Medical College, Valhalla, NY 1988-1992. She completed an internship in General Surgery at St. Mary's Hospital, Waterbury, CT 1992-1993. Dr. Calkins completed her residency at the University of Connecticut, Farmington CT 1993-1997. Dr. Calkins is in practice with Lee Memorial Health System, Emergency Medicine, 4771 S Cleveland Avenue, Fort Myers, FL 33907—Tel: 239-343-9800.

John Tillet, MD—Dr. Tillet received his MD degree from Emory University School of Medicine, Atlanta, GA 1999-2003. He completed his residency at the University School of Medicine, Atlanta, GA 2003-2008. Dr. Tillet is in group practice with Specialists in Urology, 4571 Colonial Blvd., Fort Myers, FL 33966—Tel: 239-322-5600.

Adriana M. Loukanova, MD—Dr. Loukanova received her MD degree from the Charles University in Prague, Czech Republic 1983-1989. She completed her internship/residency at the Danbury Hospital in Danbury, CT 1996-1999. Dr. Loukanova is in group practice with Lee Physician Group, 16271 Bass Road, Fort Myers, FL 33908—Tel: 239-343-7100.

Sumeet Shetty, MD—Dr. Shetty received his MBBS degree from Kasturba Medical College in Manipal, Karnataka, India 1990-1996. He completed his residency in Internal medicine at the New York Methodist Hospital, Brooklyn, NY 2001-2004. Dr. Shetty is in group practice with Cogent Healthcare, 9881 S. HealthPark Dr. Suite 609, Fort Myers, FL 33908—Tel: 239-343-5347.

Eric Garver, MD—Dr. Garver received his MD degree from Georgetown University School of Medicine, Washington DC, 1970. He completed an internship at Mt. Sinai, Cleveland Ohio 1970-1971. He also completed a residency at Albert Einstein College of Medicine 1971-1973 and second residency at Bowman Gray School of Medicine, Winston, Salem, NC 1973-1975. Dr. Garver, retired Orthopedic Surgeon, serves on the LCMS/EMS Medical Disaster Preparedness Committee.

Aaron Wohl, MD—Dr. Wohl received his MD degree from University of Florida, Gainesville, FL 2001. He completed a residency at Orlando Regional Medical Center, Orlando, FL 2001-2004. Dr. Wohl is in group practice with Lee Emergency Physicians, 2776 Cleveland Ave, Ft. Fort Myers, FL Tel: 239-343-2606.

The HAPP Program recently distributed a poster and business cards to announce their new program to each LCMS members office. We encourage you to post the flyer and give your patients an opportunity to tell their story of a positive experience with one of your staff or a physician in your office. This is a great way for your patients to say thank you to wonderful dedicated medical personnel. Your staff or physician may never know how many people they have helped have a more happier and positive life. Please place posters in your waiting areas and hand out those cards! If you need more supplies, please call the LCMS office at 936-1645, we will be happy to send you more.

Support your HAPP Program!



Florida Drug Database Intended to Save Lives is Barely Used by Doctors

Doctors and Pharmacists aren't legally required to check the controlled-drug database -- and most don't, even though it could curb abuse and early deaths.

The Electronic - Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the state of Florida.

E-FORCSE has selected Health Information Designs, Inc. to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV. The purpose of the PDMP is to provide the information that will be collected in the database to health care practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

Section 893.055, Florida Statutes, requires health care practitioners to report to the PDMP each time a controlled substance is dispensed to an individual. This information is to be reported through the electronic system as soon as possible but not more than 7 days after dispensing. This reporting timeframe ensures that health care practitioners have the most up-to-date information available.

E-FORCSE will comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations. The information collected in the system will be used by the PDMP to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the state of Florida.

Since the system's inception on Sept. 1, 2011, more than 48 million prescriptions have been written in Florida for controlled substances — that's about 2.5 for every man, woman and child in the state. Prescribers, however, checked the database before writing just 2 percent of them.

Checking patient histories inevitably means turning some away. That potential loss of business could be a reason for certain doctors to ignore the database.

Though experts say all doctors who prescribe these medications should check the database, they are adamant that pain management physicians — who typically prescribe thousands of the addictive drugs every year — should use it as a standard of practice.

Between 2002 and 2008, the Legislature rejected proposals to create a drug monitoring database each year but one, when it wasn't proposed at all.

In that same period, more than 10,000 Floridians died from prescription drug overdoses. People from across the country flocked here, lured by the state's easy access to drugs. Embarrassed by the mounting death toll and a growing reputation as the "pill mill capital of the nation," in 2009 legislators followed the example of many other states and approved a database.

But lawmakers refused to budget money for the program. Then, in February 2011, Gov. Rick Scott announced that he would repeal the law, citing concerns about patients' privacy.

He eventually relented, but even now the program's future is tenuous. According to the Department of Health, funding has only been secured through the end of June 2013.

To its backers, the program is a watered-down casualty of compromise. The law includes just one requirement: dispensers of the drugs, primarily pharmacies, must enter the prescription's details into the state database within seven days. Pharmacists do not, however, have to check the patients' histories before handing over the medications.

Every state but Missouri has a database or has enacted legislation to create one, according to the National Alliance for Model State Drug Laws. Twelve states have approved mandates. The measures are too new to know how they will affect overdose deaths.

Since Ohio ordered participation, according to program administrator Danna Droz, doctors have been shocked to find out how many patients were abusing drugs.

New York recently passed the most aggressive mandate in the country, largely to combat abuse of oxycodone, which like heroin is classified as an opioid drug.

"We've decided that heroin is so dangerously addictive that under no circumstances will we allow it to be sold," said New York state Sen. Andrew J. Lanza. "And yet we have the very same drug, only better because it's pure, that we dispense as medication."

As in Florida, Lanza said, most of the oxycodone that makes it to the street there is first prescribed by physicians, which is why a mandate is so important. "The problem is so serious," he said, "you just can't leave it to chance."

The solution, officials say, is to require doctors to use it. "It would cut down on the number of pills hitting the street, which contributes to people dying," said Hernando sheriff's Detective Chris Erickson. "You cut the numbers down, you cut down the number of people dying."

Like the physicians, investigators say the program's mere existence appears to have reduced doctor shopping. Preliminary evidence shows that deaths have declined, though the most recent data is from the first half of 2011 — before the program existed.

Those signs of progress are often attributed to other new laws requiring pain-management clinics to register with the state and undergo annual inspections. Plus, doctors in most cases can no longer dispense drugs directly to their patients. Beyond a crime preventive, supporters say, the program has potential to improve the care of legitimate patients suffering from pain.

To be sure, the database can illustrate patterns of substance abuse. But it can also indicate potentially dangerous drug interactions and, when used properly, it may help show whether the medications are truly alleviating pain or if other therapies should be explored.

We encourage each physician to check the data base before writing a controlled substance prescription.

<http://www.e-forcse.com>

*Inserts from Tampa Bay Times, staff writer, John Woodrow Cox.
Inserts from Florida Department of Health website.*

DocBookMD

To be able to use the exclusive LCMS iPhone DocBookMD application, physicians must call or email the Medical Society office with their cell phone number and personal email that they would want another physician to be able to contact them on. You will be given a Medical Society ID number that will help you register for the DocBookMD application. Your phone and email information is only used for the DocBookMD application and will be kept confidential. Please call the Medical Society for more information at 936-1645 or email valerie@lcmsfl.org.

Alliance News

Mariquita Anderson, LCMS Alliance President

Florida Flu Shots


Florida Shots maintains a centralized database of shot records given in Florida. Many adults don't keep records for themselves but do keep very careful records for their kids. So if you're anywhere in Florida and your provider uses Florida Shots, any physician can see at a glance whether you're current. Florida SHOTS is endorsed by the Florida Pediatric Society, Florida Medical Association, Florida Osteopathic Medical Association, Florida Academy of Family Physicians, and the Florida Association of Health Plans, Inc.

LCMS Alliance ACT Donations Drive

In observance of National Breast Cancer Awareness Month, the LCMS Alliance will be at the Courtyard Cafe at Bell Tower Shops on Thu, Oct 25, 11:30 am - 1 pm, collecting donations for ACT, Abuse Counseling & Treatment. ACT is badly in need of bras. Please consider donating the following gently used items: bras, towels, twin size bed sheets, nighties and toiletries. Please refrain from donating underpants. Thank you and we hope to see you there!

Delivering Exquisite Details Every Day

Fiddlesticks®
COUNTRY CLUB
Ft. Myers, FL



Southwest Florida's Most Sought-After Golf Community
Two Championship Courses, Only 600 Members
Member Owned and Debt Free
New Non-Resident Membership Available
with Full Use of All the Amenities
Call Lisa at 239-210-2775 or visit
www.fiddlesticksgcc.com

We Appreciate Your Referrals!



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

When you speak to your patients about their eye health, speak to them about Elmquist Eye Group. We provide superior health care with personalized attention and the convenience of multiple locations, *Saturday and same day appointments.*

E | ELMQUIST
eye group
preserving and restoring vision

(239) 936-2020

www.Elmquist.com

CAPE CORAL OFFICE

2336 Surfside Blvd., Suite 121, Cape Coral

Mon.: 1 p.m. to 5 p.m. / Tues. - Fri.: 9 a.m. to 5:30 p.m. / Sat.: 9 a.m. to 1 p.m.

FORT MYERS OFFICE

12670 New Brittany Blvd., Suite 102, Fort Myers

Mon. - Fri. 8 a.m. to 5 p.m.

First Look at the Final Stage 2 Meaningful Use Rules

Here is a quick look at some of the key provisions and changes awaiting hospitals and eligible professionals in the EHR meaningful use program for Stage 2:

- Proposed provisions to enable providers first attesting to Stage 1 in 2011 to wait to attest for Stage 2 in 2014 remain. That means no one is required to attest to Stage 2 before 2014.
- There are 17 core measures for eligible professionals and 3 of 6 menu measures must be met, and 16 core measures for hospitals along with meeting 3 of 6 menu measures.
- Outpatient lab reporting for hospitals is a menu objective in the final rule.
- There are some exclusions from reporting measures available to providers in areas with insufficient broadband availability, which is aimed at lowering a barrier to participating in meaningful use.
- Beginning in 2014, all Medicare providers beyond their first year of meaningful use must electronically report CQM data to CMS. Medicaid providers eligible only for the Medicaid EHR incentive program will report their CQMs to their state.
- A batch reporting process will permit group practices to submit attestations for individual EPs in a single file. Also, EPs can report CQMs individually or as a group either through the Physician Quality Reporting System or a new CMS portal.
- Regarding Medicare payment adjustments for failure to become a meaningful user, Medicare EPs and hospitals that demonstrate meaningful use in 2013 will avoid a payment adjustment in 2015. A Medicare provider first attesting in 2014 will avoid the adjustment if attestation is before July 1, 2014, for hospitals and Oct. 1, 2014 for EPs.

To read the full article, please visit the following link:

<http://www.healthdatamanagement.com/news/ehr-electronic-health-records-meaningful-use-44885-1.html>

CHECK OUT THE WEBSITE: WWW.HAPPSTORIES.ORG

**We have published our first story..... A local man tells his story of a physician and a procedure that has helped him keep his Diabetes under control and reduce the amount of medicine he is taking.
Have your patients call us to tell their stories.**

CARDIOLOGY CONSULTANTS

Of Southwest Florida



Eliot Hoffman MD



Stephen Fedec DO



Richard Davis MD

Your Independent Cardiologists

Accepting New Patients

***Independent Cardiology Practice**

***No additional facility fees**

***Participating in most insurance plans**

***Experienced Board Certified Cardiologists**

***Nuclear cardiac stress testing, Holter monitoring, treadmill stress testing, cardiac clearance, echocardiography**

***Cardiac catheterization and intervention, pacemaker and ICD implantation**

***Hospital privileges at GulfCoast Medical Center and HealthPark Hospital**

13411 Parker Commons Blvd, Suite 101 Fort Myers FL 33912
www.cardiologyconsultants-swfl.com
(239)415-4900

Thomas P. Clark
Board Certified in
Health and Tax Law

Robert S. Forman
LL.M. Taxation
Concentrates in
401K and ERISA

Erin E. Houck-Toll
Board Certified in
Tax Law

Bruce M. Stanley Sr.
Board Certified
Civil Trial Lawyer

Guy E. Whitesman
Board Certified in
Tax Law

Legal Care for Health Care Professionals

- Health Care Law
- Retirement Plans and ERISA
- Mergers and acquisitions
- Administrative hearings and licensing
- Medical malpractice defense



henlaw.com • 239.344.1100
Fort Myers • Bonita Springs • Sanibel



Henderson | Franklin
ATTORNEYS AT LAW

© 2012 Henderson, Franklin, Starnes & Holt, P.A.

Congratulations to all Members in the LCMS Workers Comp Plan

This valuable membership benefit resulted from favorable claims history of all participants in the workers comp program for the past 2 years. Dividends of 2.6% and 20.7% were paid for policy years 2010 and 2011 respectively. LCMS plan participants benefit from the opportunity to receive up to a 24.8% dividend on their work comp policy premiums. Most practices do not qualify for a dividend plan on their own due to premium size, so this benefit is a great opportunity to gain a reward for favorable loss experience.

OptaComp provides 24/7 access for claims reporting with an Intake/Triage team and is rated "A" by AM Best. OptaComp has one of the lowest 5 year loss ratios of work comp carriers in Florida.

Please contact Lykes Insurance to find out if your practice or facility qualifies for this program. We are proud to serve our medical community with both LCMS endorsed insurance programs: FPIC/TDC for medical malpractice and OptaComp for work comp.

R. Mark Webb, CPCU, ARM, AAI
Senior Vice President
239-931-3001 Direct
239-671-6500 Cell

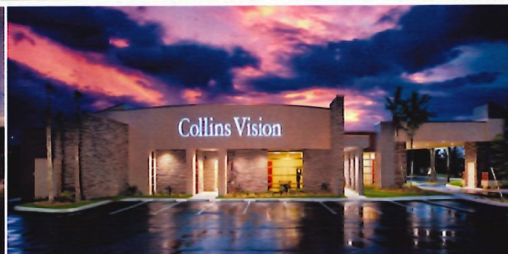
Janet Moore, CPCU, CIC
Healthcare Risk Consultant
239-931-3038 Direct
239-565-1422 Cell

The practices below received dividend checks ranging from \$29.71 to \$2,099.11



Left to right: Sonya Dodson & Phoebe Umscheid from West Coast Eye Care, Mark Webb & Ched Miller from Orthopedic Specialists of SW FL, Mark Webb & Linda Hiscock from Gesiotto, Henricks, Kordonowy & Simmons-Internal Medicine of SW FL, Dr & Mrs. David Ritter--also celebrating their 13th anniversary for the practice! Tammy Lethem and Dr Kalra from Surgical Specialists of SW FL, Karrie Miles and Dr Sweet from Specialists in Reproductive Medicine and Laura Tabor from Joint Implant Surgeons of FL.

ENVISION.IMPLEMENT.DELIVER.



The facility you have always envisioned- A place where patients feel comfortable while receiving the highest standard of treatment within an efficient and state-of-the-art environment.

The experienced healthcare team of Stevens Construction provides a comprehensive and proven process resulting in a cost-effective and superior project.

Whether an interior renovation or a new, free-standing facility; more than 90 Lee County physicians have trusted Stevens Construction to bring their vision to reality.

www.stevensconstructioninc.com

Telephone: (239) 936-9006

TAMPA

ORLANDO

FT. MYERS

LCMS 2012 WINE TASTING



Sponsors:

CNL Bank

Tom Lytton, Senior VP

Chris Hylen, Wealth Management

SHOALS Restaurant & Wine Bar



Lee County Medical Society Nominations for 2013 Officers

The following slate of nominations for the 2013 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 15, 2012 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: Audrey Farahmand, MD (*elected 2011*)

President-Elect: Peggy Mouracade, MD

Secretary: Shari Skinner, MD

Treasurer: Andrew Oakes-Lottridge, MD

Past President: Richard Macchiaroli, MD

Newly Elected BG Members-at-Large

Trevor Elmquist, DO (2015)

Paul Makhoul, MD (2015)

Viengsouk Phommachanh, MD (2015)

Previously elected Members-at-Large:

Jon Burdzy, DO (2013)

Kultar Singh, MD (2013)

Joanne Carioba, MD (2014)

Daniel de la Torre, MD (2014)

Valerie Dyke, MD (2014)

*Stephen Zellner, MD (IPALC Representative)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

LEGISLATIVE COMMITTEE

*F. Rick Palmon, MD

COMMITTEE ON ETHICAL & JUDICIAL AFFAIRS

*Kultar Singh, MD, Chair (2014)

Newly Elected EJA Members:

Jacob Goldberger, MD (2015)

Steven Guterman, MD (2015)

Previously elected EJA Members:

Brian Kurland, MD, (2013)

Craig Sweet, MD (2013)

Darius Biskup, MD (2014)

Andy Oakes-Lottridge, MD (2014)

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, Chair

Raymond Kordonowy, MD

Richard Macchiaroli, MD

James Rubenstein, MD

Shari Skinner, MD

Shahid Sultan, MD

We would like to thank Dr. Shahid Sultan, for his years of service on the Board of Governors of the Lee County Medical Society. He will be leaving the Board at the end of 2012. Job well done, Thank you.



Come and Show your Support!

January 18, 2013, 6:30 p.m.



**Installation of LCMS Officers and the Annual Medical Service Awards
will be held at the Royal Palm Yacht Club, 2360 West First Street, Fort Myers, FL 33901**

**Come and share a night of celebration: Installation of 2013 LCMS Officers—
Awards to physicians and non-physicians that deserve to be recognized by their peers
And to our 2012 Life Members of 35 years with the LCMS**

A GREAT NIGHT FOR MEDICINE IN LEE COUNTY!

Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

Section Three

Parity of Professional and Ethical Standards

To ensure a proper physician-patient relationship, there should be parity of ethical and professional standards applied to all aspects of a physician's practice, including online interactions through social media and social networking sites. Referencing the FSMB House of Delegates' *Model Guidelines for the Appropriate Use of the Internet in Medical Practice*, adopted in 2002, physicians using social media and social networking sites are expected to observe the following ethical standards:

Candor Physicians have an obligation to disclose clearly any information (e.g., financial, professional or personal) that could influence patients' understanding or use of the information, products or services offered on any website offering health care services or information.

Privacy Physicians have an obligation to prevent unauthorized access to, or use of, patient and personal data and to assure that "de-identified" data cannot be linked back to the user or patient.

Integrity Information contained on websites should be truthful and not misleading or deceptive. It should be accurate and concise, up-to-date, and easy for patients to understand. Physicians using medical websites should strive to ensure that information provided is, whenever possible, supported by current medical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge and conforms to minimal standards of care. It should clearly indicate whether it is based upon scientific studies, expert consensus, professional experience or personal opinion. How these ethical standards relate to the proper use of social media by physicians is explored further in the next section.

Section Four

Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

The following guidelines are recommended for physicians who use social media and social networking in their personal and professional lives.

Interacting with Patients

Physicians are discouraged from interacting with current or past patients on personal social networking sites such as Facebook. Physicians should only have online interaction with patients when discussing the patient's medical treatment within the physician-patient relationship, and these interactions should never occur on personal social networking or social media websites. In addition, physicians need to be mindful that while advanced technologies may facilitate the physician-patient relationship, they can also be a distracter which may lessen the quality of the interactions they have with patients. Such distractions should be minimized whenever possible.

Discussion of Medicine Online

Social networking websites may be useful places for physicians to gather and share their experiences, as well as to discuss areas of medicine and particular treatments. These types of professional interactions with other physicians represent an ancillary and convenient means for peer-to-peer education and dialogue. One current example is Doximity, a professional network with more than 567,000 U.S. Physician members in 87 specialties. Using Doximity, physicians are said to be able to exchange HIPAA compliant messages and images by text or fax and discuss the latest treatment guidelines and medical news in their specialty. While such networks may be useful, it is the responsibility of the physician to ensure, to the best of his or her ability, that professional networks for physicians are secure and that only verified and registered users have access to the information. These websites should be password protected so that non-physicians do not gain access and view discussions as implying medical advice, which may be counter to the physicians' intent in such discussions. Physicians should also confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by current medical research.

Privacy/Confidentiality

Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient and in violation of federal privacy laws, such as HIPAA. While physicians may discuss their experiences in nonclinical settings, they should never provide any information that could be used to identify patients. Physicians should never mention patients' room numbers, refer to them by code names, or post their picture. If pictures of patients were to be viewed by others, such an occurrence may constitute a serious HIPAA violation.

Disclosure

At times, physicians may be asked or may choose to write online about their experiences as a health professional, or they may post comments on a website as a physician. When doing so, physicians must reveal any existing conflicts of interest and they should be honest about their credentials as a physician.

Posting Content

Physicians should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the medical community. Physicians should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. Physician employees of health care institutions should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications. Physician writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, physicians should delete inaccurate information or other's posts that violate the privacy and confidentiality of patients or that are of an unprofessional nature.

Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

Continued from page 9

Professionalism

To use social media and social networking sites professionally, physicians should also strive to adhere to the following general suggestions:

- Use separate personal and professional social networking sites. For example, use a personal rather than professional e-mail address for logging on to social networking websites for personal use. Others who view a professional e-mail attached to an online profile may misinterpret the physician's actions as representing the medical profession or a particular institution.
- Report any unprofessional behavior that is witnessed to supervisory and/or regulatory authorities.
- Always adhere to the same principles of professionalism online as they would offline.
- Cyber-bullying by a physician towards any individual is inappropriate and unprofessional.

Refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Medical Board Sanctions and Disciplinary Findings

State medical boards have the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking media, such as:

- Inappropriate communication with patients online
- Use of the Internet for unprofessional behavior
- Online misrepresentation of credentials
- Online violations of patient confidentiality
- Failure to reveal conflicts of interest online
- Online derogatory remarks regarding a patient
- Online depiction of intoxication

Discriminatory language or practices online State medical boards have the option to discipline physicians for inappropriate or unprofessional conduct while using social media or social networking websites with actions that range from a letter of reprimand to the revocation of a license.

Future Changes

The Federation of State Medical Boards recognizes that emerging technology and societal trends will continue to change the landscape of social media and social networking, and how patients use these websites and physicians will evolve overtime. These guidelines are meant to be a starting point for the discussion of how physicians should properly communicate with their patients using social media. These guidelines will need to be modified and adapted in future years as technology advances, best practices emerge, and opportunities for additional policy guidance are identified.

Guidelines for Social Media— End

For more information on the Guidelines for Social Media, visit the following link:

<http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>

(Federation of State Medical Boards)



LCMS Friends in Medicine

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.



LCMS
FRIENDS In MEDICINE



Turn to EverBank for new & innovative ways to save, diversify and grow your money. Delivering high account yields, easy access to the global markets and much more, Florida-based EverBank gives you opportunities not found at other banks. With offices locally, EverBank is ready to work for you. Call a Relationship Manager at 239.254.2110 to get started today.



As a company built by doctors for doctors, we are on a mission to relentlessly defend, protect, and reward doctors who advance the practice of good medicine. To learn more about how we can protect your livelihood and reputation with outstanding malpractice insurance services, call (800) 741-3742.

LCMS CALENDAR OF EVENTS 2012 & 2013

NOVEMBER

- 10-13** AMA Interim Meeting
Honolulu, HI
- 15** LCMS General Membership Meeting
FineMark National Bank & Trust
Fort Myers, FL 33919
- 20** LCMS Board of Governors Meeting

DECEMBER

- 3** Holiday Party
Gulf Harbour Golf & Country Club
14500 Vista River Drive
Fort Myers, Florida 33908
- 18** LCMS Board of Governors Meeting

JANUARY 2013

- 3-5** AMA
State Legislative Strategy Conference
Turnberry Isle Miami, Miami, FL
- 15** LCMS Board of Governors Meeting
- 18** Annual Medical Service Awards /
Installation of Officers
Royal Palm Yacht Club
2360 West First
Fort Myers, FL 33901

FEBRUARY 2013

- 8-10** FMA / FMA PAC Meeting
Univ. Hilton Conference Center
Gainesville, FL
- 11-13** AMA National Advocacy Conference
Grand Hyatt Washington
Washington, DC
- 19** LCMS Board of Governors Meeting

MARCH 2013

- 19** LCMS Board of Governors Meeting
- 21** LCMS General Membership Meeting

APRIL 2013

- 16** LCMS Board of Governors Meeting

MAY 2013

- 16** LCMS General Membership Meeting
- FMA**
- 17-19** Spring Board of Governors Council Days
- 21** LCMS Board of Governors Meeting

JUNE 2013

- 9** LCMS Hockey Event
TBA
- 15-19** AMA Annual Meeting
Hyatt Regency Chicago
Chicago, IL
- 18** LCMS Board of Governors Meeting

AUTOCLAVE NEEDED SENIOR FRIENDSHIP CENTER

DONATE FOR A TAX WRITE OFF
DO YOU HAVE ONE FOR SALE?

CALL: LEE—936-6963 OR
MARILYN—481-2355



Lee County Medical Society

PRSRT STD
US POSTAGE
PAID
FT MYERS, FL
PERMIT NO 534

13770 Plantation Road, Ste 1
Fort Myers, FL 33912

CHANGE SERVICE REQUESTED

Together We Are Stronger

We do what no other medical malpractice insurer does. We reward loyalty at a level that is entirely unmatched. **We honor years spent practicing good medicine with the Tribute® Plan.** We salute a great career with an unrivaled monetary award. We give a standing ovation. We are your biggest fans. **We are The Doctors Company.**



We created the Tribute Plan to provide doctors with more than just a little gratitude for a career spent practicing good medicine. Now, the Tribute Plan has reached its five-year anniversary, and over 22,700 member physicians have qualified for a monetary award when they retire from the practice of medicine. More than 1,300 Tribute awards have already been distributed. So if you want an insurer that's just as committed to honoring your career as it is to relentlessly defending your reputation, request more information today. Call (800) 741-3742 or visit us at www.thedoctors.com/tribute.

Exclusively Endorsed by



www.thedoctors.com/fpic

Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.