LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

Bulletin

Editor: John W. Snead, M.D.

Volume 37 Issue 8

October 2013

2013 Meetings & Events

LEE COUNTY MEDICAL SOCIETY

NOVEMBER
GENERAL MEMBERSHIP MEETING
November 21, 2013
FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL

RSVP to: Lee County Medical Society
13770 Plantation Road, Ste 1
Fort Myers, FL 33912
Tel: 936-1645
Fax: 936-0533

DATE CHANGE FOR POTLUCK

ALLIANCE POTLUCK IN PARADISE
October 19th 7-10 PM
Home of Drs. Denise & Andrew Oakes-Lottridge
For more information please visit:
www.lcmsalliance.org

2014 Annual Medical Service Awards
January 17, 2014
Lexington Country Club
16257 Willowcrest Way
Fort Myers, FL 33908

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"Always do your best. What you plant now, you will harvest later."
Og Mandino

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.

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BULLETIN STAFF
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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

New Applicants

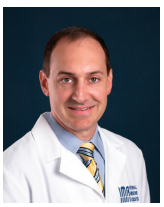
Peter A. Lewis, M. D. – Dr. Lewis received his MD degree from the University of Florida, Gainesville, FL in 1999. He completed an internship and a residency at Orlando Regional Medical Center, Orlando, FL from 1999-2002. Dr. Lewis was board certified by the American Board of Internal Medicine in Internal Medicine in 2004. He is in group practice with Physicians Primary Care of SWFL, 5173 Mason Corbin Court, Ste 3, Fort Myers, FL 33907 Tel: 239-274-0200.

Aboo T. Mannan, D.O. – Dr. Mannan received his DO degree from the New York College of Osteopathic Medicine, Old Westbury, NY in 2008. He completed an internship at Lutheran Medical Center, Brooklyn, NY from 2008-2009, residencies at St. John's Episcopal Hospital, Far Rockaway, NY from 2009-2011 and Niagara Falls Medical Center, Niagara Falls, NY from 2011-2012. Dr. Mannan also completed a fellowship in Geriatrics at Long Beach Medical Center, Long Island, NY from 2012-2013. He was board certified by the American Osteopathic Board of Family Physicians in Family Medicine in 2012. Dr. Mannan is in practice at Lee Physician Group, 12600 Creekside Lane, Ste 7, Fort Myers, FL 33919 Tel: 239-343-9220.

Suzanne E. Felt, MD – Dr. Felt received her MD degree from the University of Missouri, Kansas City, MO in 2005 and completed her training at Orlando Regional Medical Center, Orlando, FL from 2005-2008. She was board certified in Emergency Medicine by the American Board of Emergency Medicine in 2009. Dr. Felt is in group practice with LMHS Emergency Physicians, 2776 Cleveland Avenue, Fort Myers, FL 33901 Tel: 239-343-2000.

William M. Felt, MD – Dr. Felt received his MD degree from the University of Florida, Gainesville, FL in 2005 and complete his training at Orlando Regional Medical Center, Orlando, FL from 2005-2008. He was board certified in Emergency Medicine by the American Board of Emergency Medicine in 2009. Dr. Felt is in group practice with LMHS Emergency Physicians, 2776 Cleveland Avenue, Fort Myers, FL 33901 Tel: 239-343-2000.

Joshua C. Franklin, MD – Dr. Franklin received his MD degree from the University of Florida, Gainesville, FL in 2007. He completed an internship at Carilion Clinic, Roanoke, VA from 2007-2008, a residency at the University of Texas Health Science Center, Houston, TX from 2008-2012 and a Musculoskeletal Fellowship from 2012-2013. He was board certified in Radiology by the American Board of Radiology in 2012. Dr. Franklin is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.



Christopher R. Durando, DO – Dr. Durando received his DO degree from Nova Southeastern, Fort Lauderdale, FL in 2001. He completed an internship at University Community Hospital Carrollwood, Tampa, FL 2001-2002 and his residency at Medical College of Georgia, Augusta, GA from 2002-2005. Dr. Durando was board certified in Internal Medicine by the American Board of Internal Medicine in 2005. He is in group practice with Internal Medicine Associates of Lee County, 13813 Metro Parkway, Fort Myers, FL 33912 Tel: 239-936-1343.

The LCMS wishes to express our sympathy to the family of Peter J. Patton, D.O. who passed away on July 21, 2013.

President's Message: Medicaid in Florida

by Audrey Farahmand MD

In October, nearly 1 million Floridians will remain uninsured as the health insurance exchange program (a key element of the Affordable Care Act) opens. This coverage gap is largely due to Florida's decision to opt out of expanding the Medicaid program. These Floridians will either earn too little to qualify for the tax credits of the exchange or will earn too much to qualify for Medicaid.

One of the ways ACA plans on bringing millions of uninsured people onto the rolls is by expanding Medicaid. The federal government's plan relies on a partnership with individual states to do so. That partnership includes a guarantee that the feds will pay 100 percent of the costs for the first three years and then a 90-10 split after that. But that has not convinced legislators in Florida (nor many other states), and the Legislature has so far rejected any and all attempts at agreeing to such a plan with the feds.[1]

Although the Supreme Court upheld the overall health care law, it ruled to give individual states the right to decide if they wanted to expand their Medicaid programs. Florida is one of 23 states thus far opting out of Medicaid expansion.[2]

Another change in Florida's Medicaid program is the shift to a Medicaid managed-care system that will start by involving around 13,000 people in 12 counties (including Lee County). This is part of a gradual move to have almost all Florida Medicaid beneficiaries enrolled in HMO's or other types of managed care. The move is controversial in that critics question the quality of care Medicaid beneficiaries receive. It is not clear yet how these changes with Medicaid will affect the practices of our Lee County physicians or the quality of care given to the beneficiaries. But, we will keep you updated as the changes occur.

(Endnotes)

1. Mitch Perry, *New Report says Medicaid expansion will bring 65,000 jobs to Florida*, September 16, 2013.
2. Marni Jameson, Orlando Sentinel, *Lack of Medicaid expansion puts some Floridians in new doughnut hole*, September 13, 2013.

Lee County Medical Society Alliance

Potluck in Paradise

Saturday, October 19, 2013
7:00pm - 9:00pm

This Year's Potluck Will be in the Lovely Home of Drs. Denise & Andrew Oakes-Lottridge

Potluck will be a true Potluck this year. As such, there will be no event fee. Bring your favorite adult beverage(s) and main dish, salad, or side dish to share. The Alliance will provide dessert.

RSVP to Mariquita or RSVP www.lcmsalliance.org
mariquita@nderson.net

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 outstanting services and products.

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Florida Board of Medicine
Medical Records

The Florida Board of Medicine reviewed Rule 64B8-9.003, Florida Administrative Code which provides standards for the adequacy of medical records. The underlined portions below are the new standards required for medical records as it relates to compounded medications. These standards are effective September 9, 2013.

64B8-9.003 Standards for Adequacy of Medical Records.

(1) Medical records are maintained for the following purposes:

- To serve as a basis for planning patient care and for continuity in the evaluation of the patient's condition and treatment.
- To furnish documentary evidence of the course of the patient's medical evaluation, treatment, and change in condition.
- To document communication between the practitioner responsible for the patient and any other health care professional who contributes to the patient's care.
- To assist in protecting the legal interest of the patient, the hospital, and the practitioner responsible for the patient.

(2) A licensed physician shall maintain patient medical records in English, in a legible manner and with sufficient detail to clearly demonstrate why the course of treatment was undertaken.

(3) The medical record shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultations and hospitalizations; and copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient.

(4) Medical records in which compounded medications are administered to a patient in an office setting must contain, at a minimum, the following information:

The name and concentration of medication administered;

The lot number of the medication administered;

The expiration date of the medication administered;

The name of the compounding pharmacy or manufacturer;

The site of administration on the patient;

The amount of medication administered; and

The date medication administered.

(5) All entries made into the medical records shall be accurately dated and timed. Late entries are permitted, but must be clearly and accurately noted as late entries and dated and timed accurately when they are entered into the record. However, office records do not need to be timed, just dated.

(6) In situations involving medical examinations, tests, procedures, or treatments requested by an employer, an insurance company, or another third party, appropriate medical records shall be maintained by the physician and shall be subject to Section 456.061, F.S. However, when such examinations, tests, procedures, or treatments are pursuant to a court order or rule or are conducted as part of an independent medical examination pursuant to Section 440.13 or 627.736(7), F.S., the record maintenance requirements of Section 456.061, F.S., and this rule do not apply. Nothing herein shall be interpreted to permit the destruction of medical records that have been made pursuant to any examination, test, procedure, or treatment except as permitted by law or rule.

Rulemaking Authority 458.309, 458.331(1)(v) FS. Law Implemented 456.061, 458.331(1) FS. History–New 1-1-92, Formerly 21M-27.003, Amended 1-12-94, Formerly 61F6-27.003, Amended 9-3-95, Formerly 59R-9.003, Amended 8-20-02. 9-11-06, 9-9-13.

Leland K. Glenn, M.D.

07/5/1920 - 08/21/2013

Our friend and colleague, Leland K. Glenn, M.D. passed away on Wednesday, August 21, 2013.

Dr. Glenn moved to Fort Myers in 1954 to establish practice. Shortly thereafter, he limited his practice to Ophthalmology and became the first board certified ophthalmologist in Fort Myers, retiring November 1, 1999.

Dr. Glenn joined the Medical Society in 1956 and remained a member until his retirement. He and his wife, Eileen enjoyed many years of traveling.

In remembrance of Dr. Glenn, Memorial contributions can be made to TideWell Hospice, 4151 37th Street East, Palmetto, Florida 34221.

The Members and Staff of the Lee County Medical Society express our deepest sympathy to his children, sister and grandchildren.

MED STATS

New CME Tracking Requirement for Physicians – CE BROKER

Changes in the Florida license renewal system will require physicians to track their CME credits in the Department of Health (DOH) online continuing education tracking system called CE Broker.

EFFECTIVE DATE:
For allopathic physicians – the renewal in January of 2014
For osteopathic physicians – the renewal in March of 2015
DOH will verify each renewing physician's continuing education credits in CE Broker at the time of renewal (starting with the January 2014 renewal). Physicians will be prompted to report additional CME credits if their continuing education records are incomplete (i.e., less than the hours required of that particular licensee for that particular licensure term). CME providers in Florida have the option to report attendance data for their activities, but are not required to do so.

WHAT THE FMA IS DOING:

1. Reporting the CME credits that you earn at the FMA events so you don't have to
2. Encouraging the CME providers we accredit to do so on your behalf as well

WHAT YOU SHOULD DO:

1. Choose your preferred subscription option
2. Collect your CME certificates and transcripts
3. Don't delay; start reporting your CME credits NOW

CE Broker offers three subscription options:
http://www.flmedical.org/FMA_and_CE_Broker.aspx

LCMS Pictorial Directories Have Arrived!

The LCMS has mailed out a Pictorial Directory to each member and one to their designated office personnel. Due to the cost, we will not be offering to mail extra copies. You are welcome to pick up copies at the LCMS office, Monday–Friday, 9am-5pm. Call ahead and we will have them ready for you.

13770 Plantation Road, Suite 1
Fort Myers, FL 33912
239-936-1645

Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices

By Kevin Pho, MD and Susan Gay - Foreword by Robert Wachter, MD

Online health information combined with social media channels like Twitter and Facebook has created a new generation of patients. They are empowered. They have a voice in their own care that they never had before. And more are using social media and physician review sites to choose their doctor or medical practice. Given these stakes, you can't afford to leave your online reputation to chance.

Kick off your social media efforts today with ***Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices***, a comprehensive resource not available anywhere else. In addition to unique insights from practicing physician and social media pioneer Kevin Pho, MD, this book offers doctors a step-by-step guide on how to use social media to manage an online reputation. It also provides insider tips on how to respond to online ratings and a guide to work with all of the major physician review sites. Don't let others define you on the web. Take control of your online reputation now!

From the Foreword, Robert Wachter, MD says, "… whether we like it or not, our online reputation is becoming the main prism through which we will be known – to colleagues, to friends, to patients, to prospective employers … With this realization comes the recognition that we can no longer afford to be passive observers of our online persona."

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For Complete details on all of our educational and CME programs, go to www.thedoctors.com/cme.

CME Webinars:

October 10, 2013	Managing Risks in Anesthesia	Noon–1:00 PM (PDT), 3:00–4:00 PM (EDT)
October 16, 2013	But I'm Only the Nurse - Understanding the Nurse's Role in Patient Safety	9:00–10:00 AM (PDT), Noon–1:00 PM (EDT)
October 22, 2013	RAC Audits	9:00–10:00 AM (PDT), Noon–1:00 PM (EDT)
October 23, 2013	Managing Challenging Dental Patients	Noon-1:00 PM (PDT), 3:00-4:00 PM (EDT)
October 29, 2013	HIPAA: Yesterday, Today, and Tomorrow	9:00–10:00 AM (PDT), Noon–1:00 PM (EDT)
November 5, 2013	Wrong Tooth Extraction: Why Is It Still Happening?	Noon-1:00 PM (PST), 3:00-4:00 PM (EST)
November 7, 2013	Keeping Children Safe During Radiology Procedures	9:00–10:00 AM (PST), Noon–1:00 PM (EST)
November 14, 2013	Risk Prevention Tips for the Digital Age: E-mail, Texting, and Social Media	9:00–10:00 AM (PST), Noon–1:00 PM (EST)
November 19, 2013	Managing Challenging Patients	Noon–1:00 PM (PST), 3:00–4:00 PM (EST)
November 26, 2013	The Top Five Risks in the Office Practice	Noon–1:00 PM (PST), 3:00–4:00 PM (EST)
December 4, 2013	Lessons Learned When the Power Goes Out	9:00–10:00 AM (PST), Noon–1:00 PM (EST)
December 12, 2013	HIPAA: Yesterday, Today, and Tomorrow	Noon–1:00 PM (PST), 3:00–4:00 PM (EST)
December 17, 2013	Health Literacy: Do Your Patients Understand?	9:00–10:00 AM (PST), Noon–1:00 PM (EST)
December 18, 2013	Medication Management in the Office Practice	Noon–1:00 PM (PST), 3:00–4:00 PM (EST)
December 18, 2013	Wrong Tooth Extraction: Why Is It Still Happening?	9:00-10:00 AM (PST), Noon-1:00 PM (EST)

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AMA Announces Toolkit on New Health Information Privacy Rules

The AMA has created a toolkit to help physicians navigate the new revisions to the federal privacy and security rules for health information that go into effect on Sept. 23, 2013. The Department of Health and Human Services issued a final rule in January that revises and extends required safeguards for protected health information established under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Among the key changes doctors must make for the Sept. 23 deadline are new agreements with business associates that handle patient information and privacy notices to share with patients and increased security measures for patient data. The updated law also tightens requirements on physicians when patient information is breached. Physician practices could face more legal scrutiny and higher fines in the event of an information breach.

The toolkit is available at www.ama-assn.org/go/hipaa

The toolkit offers practical resources physicians can begin using in their practices:

- A physician primer provides an easy-to-understand breakdown of the revised rules to help physicians review and update their existing HIPAA policies and procedures.
- A template business associate agreement and a notice of privacy practices are ready for adoption in the practice.
- A HIPAA security resource explains how to encrypt patient data.

Free Members Communication tool for Physician to Physician Collaboration that's HIPAA Compliant

DocbookMD is an exclusive HIPAA-secure messaging application for smartphone and tablet devices. Designed by and for physicians it creates a secure community to share patient information and collaborate with medical colleagues. In the past year, DocbookMD has experienced incredible growth now counting nearly 20,000 physicians users. By using DocbookMD, physicians can now send HIPAA-secure text messages bundled with photos of X-rays and EKGs. All the information is at a physician's fingertips, resulting in faster and richer discussions on patient treatment and care. Also, with local physician and pharmacy directories built in, the time physicians spend finding colleagues or tracking down a local pharmacy is cut from hours to minutes.

- By Physicians. For Physicians.
- Currently offered in 37 states across over 200 state and county medical societies.
- Vital patient information right in your hand – upload images from X-rays and EKGs.
- Directory of local physicians and pharmacies.
- Built by design for fast, secure HIPAA-secure messaging.
- Helps physicians mobilize their practice.
- Makes it easier for physicians to communicate with their entire care team, including nurses, PAs, and office staff.

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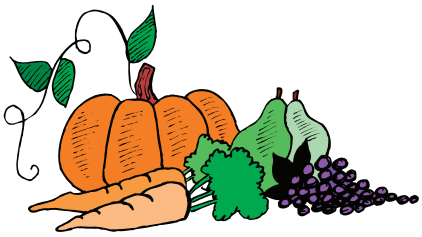

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Health Insurance Marketplace: 10 Things Providers Need to Know

A primary goal of the Affordable Care Act is to help the 16% uninsured and eligible Americans gain access to quality, affordable health care. Central to this goal is the creation of the Health Insurance Marketplace. Through the Marketplace, eligible Americans will be able to enroll in a health plan to get coverage that starts as soon as January 2014.

As a trusted source for health information, your patients may look to you for help navigating the Marketplace. Here are 10 things you should know:

1. The Marketplace is a new way to shop for health coverage. A single, online source will let consumers get information about their health coverage options in a way that makes it easy to make side-by-side comparisons of private insurance plans' benefits, quality, and price, and find out if they're eligible for assistance with the costs of health coverage.

2. Each state will have a Marketplace, run either by the state, through a state-federal partnership, or by the federal government.

3. Open Enrollment begins on October 1, 2013, and ends on March 31, 2014. Coverage can begin as soon as January 1, 2014.

4. Health plans offered in a Marketplace will generally offer comprehensive coverage, including a set of "essential health benefits" with at least these items and services:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment (which Includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

5. Individuals can buy insurance through a Marketplace if they live in the United States, are U.S. citizens or U.S. nationals (or are lawfully present), and aren't currently incarcerated.

6. Nobody can be turned away or charged more because of their gender or a pre-existing condition.

7. Depending on household income and family size, many individuals may qualify for tax credits to help lower their share of monthly premiums, or help that reduces deductible, copayment or other cost-sharing amounts.

8. Individuals will be able to choose a Marketplace plan by health plan category (bronze, silver, gold, or platinum). The differences among the categories will be base on the average percentage of the costs the plan will cover. This system makes it easier to compare similar plans based on price and coverage. Catastrophic plans and stand-alone dental plans also may be available.

9. Using a single application on HealthCare.gov, consumers can find out if they and/or their family members are eligible for Medicaid, the Children's Health Insurance Program (CHIP), or for financial help paying for a private health insurance plan offered in the Marketplace.

10. Resources are available now.

Marketplace.cms.gov: Where organizations and individuals looking to help can get the latest resources and learn more about the Marketplace.

HealthCare.gov: Where individuals can learn about the Marketplace and the upcoming benefits (including where they can find local assistance), or be connected to appropriate resources in the states that are running their own Marketplace

Health Insurance Marketplace Call Center: If you have questions, call 1-800-318-2596. TTY users should call 1-855-889-4325.

Help your patients get ready

Consumers can learn more through local community groups and special events. Trained assisters and navigators will be available in communities nationwide to help consumers understand their choices and apply for coverage. Starting October 1, consumers can apply for health coverage on HealthCare.gov or by calling the Marketplace Call Center at 1800-318-2596.

Five Inadvertent HIPAA Violations by Physicians

By Tracey Haas, DO, MPH and Co-Founder, DocbookMD

Doctors do not plan ahead to violate HIPAA, but in this digital age, they may be doing it because they did *not* plan ahead. The recent final rule of the HITECH Act outlines that even if the physician is unaware of the violation, they may be fined a civil penalty of $100 - $50,000 per violation. It is time for even the most resistant doctors to pay attention to how they handle protected health information (PHI). Here, we will outline five common ways physicians are breaking HIPAA/HITECH privacy and security rules, and may not even know it.

1.) **Texting PHI to members of your care team.** It's a simple scenario: you've just left the office, and your nurse texts you that Mr. Smith is having a reaction to the medication you've just prescribed. She has included his name and phone number in the text. You may know that texting PHI is not legal, but feel justified because it is a serious medical issue. Perhaps you even believe that deleting the text right away will protect you – and Mr. Smith.
In reality, this text message with PHI has just passed from your nurse's phone, through her phone carrier, to your phone carrier, and then to you – four vulnerable points where this unencrypted message could either be intercepted or breached. In a secure messaging app, this type of message must be encrypted as it passes through all four points of contact. Ideally, both sender and recipient should be verified and have signed a business associate agreement (BAA).

2.) **Taking a photo of a patient on your mobile phone.** To some this will sound silly, to others, it is as common as verifying a rash with a colleague or following the margins of a cellulitis day by day. Simple enough, but if these photos are viewed by eyes they are not intended for, you may be in violation of your patient's privacy. It's important to be aware of where and how patient information and images are stored. Apps that allow you to take a secure photo are just as important as sending the message securely. DocbookMD allows photos to be taken within the secure messaging app itself – never stored on your phone or within your phone's photo album. Always use this type of feature when taking any photo of a patient or patient information.

3.) **Receiving text messages from your answering service.** Many physicians believe if they receive a text message from a third party, like an answering service, they are not responsible for any violation of HIPAA – this is simply not true. Many services do send a patient's name, phone number and chief complaint via SMS text. The answering service may verify it is encrypted on their end, but if PHI pops onto the physician's screen, it is certainly not secure on their end – and this is where the physician's responsibility lies. Talk with your answering service today to see how they are protecting you at both ends of the communication.

4.) **Allowing your child to borrow your phone that contains PHI.** Many folks allow their kids to play with their phones – maybe play games on apps while in the car. If your phone has an app that can access PHI, then you may be guilty of a HIPAA breach if the information is viewed by or sent to someone it is not intended for. The simple fix is to utilize the pin-lock feature on your messaging app – and for double-protection, always password protect your phone!

5.) **Not reporting a lost or stolen device that contains PHI**. Losing your smartphone or tablet is a pain for many reasons, but did you know that if you have patient information on that device, you could be held responsible for a HIPAA breach if you do not report the loss right away. The ability to remotely disable an app that contains or handles PHI is an absolute must for technology that handles communications in the medical space. Be sure to ask for this feature from any company claiming to help you be HIPAA-compliant in the mobile world.

Remember: Being HIPAA-compliant is an active process. A device can claim to be HIPAA secure, but it is a person who must ensure compliance.
DocbookMD partners with your local medical society to bring you a free, HIPAA-secure messaging app, that uniquely provides you extra security to avoid each of these potential pitfalls. Do not hesitate to reach out to us today for more information! www.docbookmd.com 1-888-930-2048

References:
The ONC's official site for mobile devices and HIPAA: http://www.healthit.gov/providers-professionals/your-mobile-device-and-health-information-privacy-and-security?gclid=CLvawcuVt7cCFStp7AodZGQAUg

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Be Aware of the Risk of Sudden Cardiac Arrest That Killed "Tony Soprano"

The recent death of James Gandolfini, who played mafia boss Tony Soprano in the hit TV series *The Sopranos*, and recent malpractice cases are reminders that healthcare providers need to be on alert for the risk factors of sudden cardiac arrest (SCA).

SCA is the unexpected loss of heart function, breathing, and consciousness. In SCA, the electrical system of the heart fails and, at times, a heart attack may occur concurrently.

About half of people who suffer SCA had no previous symptoms, such as fatigue, dizziness, and racing heart rate. Approximately 325,000 people in the U.S. die from SCA annually. People who smoke or have coronary artery disease, have had a previous heart attack, have high cholesterol, and/or have a family history of heart disease have a higher risk.

These malpractice claims are representative of claims involving SCA:

- A 52-year-old patient had heartburn for over a week, and her physician treated this symptom. The patient had high blood pressure, elevated blood glucose, and normal cardiac enzymes. Her father had died at age 55 from a heart attack, and she had a family history of coronary artery disease. The physician only considered the diagnosis of heartburn and did not order serial cardiac enzymes, an EKG, or a cardiac consult. The patient died the next day from SCA.
- An obese patient had elevated triglycerides and complaints of burning in the chest with walking, but no shortness of breath or radiation of the burning sensation into the upper extremities. The physician had done an EKG a year earlier, which was abnormal, and did another EKG, which was also abnormal, with a computer reading of possible left ventricular hypertrophy. The physician thought this EKG was normal, as was his examination, but he did order a cardiology consultation. Prior to the consult, the patient died.

These tips can help providers avoid misdiagnosis of SCA:

- Consider the possibility of advanced cardiac risk in patients who:
  - Are overweight and unable to control their weight with diet and exercise.
  - Have high blood pressure not responsive to medication.
  - Have evidence of erectile dysfunction.
  - Are glucose intolerant.
  - Have consistently high cholesterol levels.
  - Have a history of alcoholism.
- Take into account other factors associated with SCA, including:
  - Incidence increases with age—men after age 45 and women after age 55.
  - Men are two to three times more likely to have SCA than women.
  - Personal or family history of heart rhythm disorders, congenital heart defects, heart failure, or cardiomyopathy.
  - Use of illegal drugs (amphetamines or cocaine).
  - Nutritional imbalances (low potassium or magnesium levels).

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The Lee County Medical Society held their September General Membership Meeting a little different this year. We held our meeting at the Robb Stucky International Inc. Members and guests enjoyed a Wine Tasting Event & Food provided by The Artichoke Company. Many thanks go out to Robb Stucky International, Inc., Matt Evans, General Manager and Jessica Schneider for hosting our event and Tom Lytton, CNL Senior Vice President for the generous sponsorship.

We Appreciate Your Referrals!

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

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