

Bulletin

Editor: Mary C. Blue, M.D.

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Physicians Caring for our Community





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 endorsement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

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LCMS Annual Medical Service Awards, January 29, 2016

LandQwest Commercial



About the Cover: Photo by Dr. Peter Sidell, Sun Valley, ID



CALENDAR OF EVENTS

Friday, January 29, 2016

Annual Medical Service Awards and 2016 Board Installation Dinner

Crowne Plaza, Fort Myers, FL 6pm Social Hour, 7pm Dinner

Entertainment by Clearly Avocado

Free event thanks to our sponsors; please rsvp online at:

<http://www.lcmsfl.org/en/lcms-annual-medical-service-awards>

Save the Dates!

February 19, 2016

New Member Cocktail Hour at CRU

March 12, 2016

Red Sox Spring Training Baseball Game

March 17, 2016

Society General Membership Meeting



MEMBERSHIP NEWS

NEW APPLICANTS

Biju K. Thomas, MD – Dr. Thomas received his MD degree from Lokmanya Tilak Medical College, University of Bombay, Bombay, India in 1993. He completed an internship and residency at Guthrie/Robert Packer Hospital, Sayre, PA from 2002-2008. Dr. Thomas is board certified in Surgery by the American Board of Surgery. He is in group practice with Surgical Specialists of SW FL, 6821 Palisades Park Court, Ste 1, Fort Myers, FL 33912 Tel: 239-936-8555.

MEMBERSHIP CHANGES

Retired

Billy Fulk, MD
Richard Keown, MD

Moved out of area

Charles Boggs, MD

New Practice

Daniel de la Torre, MD
LPG – Hospitalist Group
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PRESIDENT'S MESSAGE

BY SHARI SKINNER, M.D.



Happy New Year, Lee County Physicians! 2016 will be a year of transition: ICD-10, ACA, Lee County's ongoing population increases, and other factors present challenges to physicians in a changing health care environment.

I'm excited to take the reins of LCMS at such a time, since challenges present opportunities. Our medical society has a new executive director who brings energy and enthusiasm to the task, and more newly-minted young physicians arrive regularly. We now have a family medicine residency at Lee Memorial, while technological and pharmaceutical advances make medicine better all the time.

Lee County's medical society is one of the largest, most stable and most active in the state, and we owe a debt of thanks to those good people who have left us this legacy. There is a core of dedicated, engaged physicians who care about the practice of medicine enough to work to make its future better by attending meetings, serving on the board, and looking to the politics – at the state level especially – that unfortunately are unavoidable in this era of governmental meddling in medicine. While county medical societies no longer really serve the purpose of connecting us with the physicians who will refer to us and to whom we will refer (since insurance companies largely control this aspect of medicine now), they are still vital for connecting us with the physicians who understand our work and provide us support, fellowship and friendship. For myself, I've found that having positive relationships with people who might help me with difficult cases has made it easier to reach out and ask for that help, and the same is true for others who have reached out to me.

Lee Memorial Health System is a large, monolithic system, and that presents challenges and opportunities as well, for physicians within and without that system. I hope to learn more about the needs of both groups, and respond to them, this year.

ICD-10 is a big challenge for physicians, and it is bound to cost enormous amounts of time, money and lost productivity for all of us, with no discernible improvements in patient care.

The ACA - Obamacare – is proving to be a big mess as well. According to research done by The Urban Institute and others, under Obamacare insurers are experiencing medical loss ratios (the proportion of premiums that are paid out in benefits) averaging at least 90 percent in 27 states. In Massachusetts the number was 121 percent! The Obamacare stipulation that insurers pay out at least 80 percent of premiums in benefits seems unnecessary at best, since these rates are unsustainable - no company can survive very long paying out more than it takes in. We are all experiencing the transition to Obamacare, and each of us has a personal story or two about our patients and their problems in this transition. When United Healthcare dropped so many local physicians, for example, they left our patients hurting. We must all adjust to the new reality of medicine, and I hope the medical society may provide some help this year, if nothing more than in providing a forum for us to discuss these issues.

The Lee County Medical Society, though, can and hopefully will provide more and better service to its members than only that forum, essential though it is. We are here to help, and we hope that, if you've ever considered getting more involved you'll do so this year. Some meetings are a lot of fun – we have truly interesting speakers from within and without the world of medicine, some good food and some great people! The annual meeting in Orlando of the Florida Medical Association is a great time to get to know some of the political issues that the state medical society is working on, and we would love to have anyone who's interested approach us about attending – we consistently send one of the larger delegations in the state. Our social events and outreach programs could always use more attendees and volunteers. Please let us know if you're at all interested in becoming more involved – we welcome all members. See you soon!



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New Years is always a grand celebration of what was accomplished in the past year and the hope of what could happen in the next year. This past year, at the Society, has been filled with new adventures and hopefully new friendships. Although change can be somewhat difficult, you always hope that it brings along good. This past year we tried out CME courses during Society meetings, ventured out to new venues, increased the amount of family friendly events and reached out to make sure every member had something to look forward to.



For this next year, we hope to continue to grow and expand by doing more events and educational programs to help strengthen our bond together as physicians of Lee County. We start off our new year with a bang and continue our tradition of our Annual Medical Service Awards and 2016 Board Installation Dinner. With a larger venue and some upbeat music for some possible dancing, we hope that this will be a night to remember on January 29, 2016. In February, we are going to try something new and have a new member cocktail hour at CRU. Join us in welcoming our new members from 2015 and creating new relationships. In March, in addition to our General Society Meeting, we have purchased tickets for the Red Sox Spring Training game against the Miami Marlins. Better get your tickets fast, as these were hard to come by!

We have many more events in the works, so keep a good look out!

JUDGES NEEDED FOR THOMAS ALVA EDISON SCIENCE ENGINEERING FAIR

GENERAL INFORMATION FOR JUDGES

FAIR DATE: Saturday, January 23, 2016

LOCATION: Alico Arena, on the Florida Gulf Coast University Campus

PARKING: Arena parking lot

KIWANIS CONTACT FOR JUDGES: Tim Jones

Cobra64@comcast.net 239-940-5903

JUDGES SCHEDULE:

7:00 am - Coffee & Snacks.

7:15 am – Judges Meeting Begins.

Most Judges should finish by 12 noon.

Please arrive in time to attend the Judges Meeting!

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

2016 Florida Legislative Session Preview

The 2016 Florida Legislative Session will convene on January 12, 2016 because of a pilot project that moved the traditional start date from March to January for one year. However, session will still last for 60 days and is scheduled to adjourn on March 11, 2016.

As you know, health care has become the most dominant legislative issue among the Senate, the House and the Governor's office. Between Medicaid expansion, CON deregulation, telehealth, ambulatory/recovery care centers, ARNP/PA controlled substance prescribing, direct primary care and much more, the FMA's legislative issues will be at the center of the storm. We will keep you informed of developments in Tallahassee and continue advocating aggressively to help Florida physicians practice medicine. Below is an overview of some of the issues the FMA will focus on during session.

2016 FMA LEGISLATIVE ISSUES

Legislative Priorities

Fail First/Step Therapy Override: This bill would give the physician an override to the insurance company's decision to force a patient to take a certain medication or procedure and "fail first" before getting what the physician feels is in the patient's best interest. We are working with the bill sponsors to include a fix for the OneBeacon project and language that would prevent retroactive denials in this package. (Sen. Don Gaetz and Rep. Shawn Harrison)

OB/GYN Closure Notification: This bill requires hospitals to provide 120 days' notice to physicians with medical staff privileges at their facilities when a decision has been made to close an obstetric department. (Sen. Kelli Stargel and Rep. Colleen Burton)

Needle Exchange Pilot Program: This bill authorizes the University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, and unused needles and syringes in exchange for used needles and syringes as a means to prevent the transmission of HIV/AIDS and other bloodborne diseases among intravenous drug users. (Sen. Oscar Braynon, SB 242, and Rep. Katie Edwards, HB 81)

Legislation Being Monitored:

ARNPs/PAs Controlled Substance Prescribing: We have been working with the Senate sponsor, Sen. Denise Grimsley, to come to a compromise position that would allow some ARNPs and PAs the ability to prescribe some controlled substances only under a physician protocol. We have also worked to include in this proposal continuing education for these ARNPs and PAs, a version of fail first, a provision that prevents retroactive denials, and a requirement for a single form for prior authorization approval. (Sen. Denise Grimsley, SB 210 and Rep. Cary Pigman, M.D.)

Telehealth: We are working with the House and Senate sponsors (Sen. Aaron Bean and Rep. Travis Cummings) to ensure that they mirror the decision by the Board of Medicine that requires any physician who practices telehealth with a patient in this state to have a Florida license. (Sen. Aaron Bean and Rep. Travis Cummings)

Legislation Working Against

ER Balance Billing Ban: This bill would ban out-of-network physicians who are covering in emergency rooms from balance billing patients for the remainder of their charges. This would severely impact ER coverage and unfairly aid the insurance companies in reducing reimbursements to physicians in network. (Rep. Carlos Trujillo, HB 221)

Independent Practice for Nurses: This bill would give ARNPs the ability to set up independent practices in Florida. This would not increase access or decrease the cost of health care. It would only decrease the quality of health care services provided. While we are working on a compromise on ARNPs and PAs prescribing controlled substances, this is not an issue on which we can reach a compromise. (Rep. Cary Pigman, M.D.)

Limitations in Medical Payments: This bill dictates what evidence is or is not admissible to allow a jury to determine the amount of medical damages in all personal injury and wrongful death actions. The effect of the bill would be to allow wrongdoers to escape accountability for the full amount of medical expenses they cause.



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AMA LEGISLATIVE ISSUES

House leaders revealed the details of two legislative packages for passage before Congress adjourns for the holidays.

The FY2016 omnibus appropriations package will fund federal agencies and programs through September 30, 2016. Many of the earlier debated policy riders, such as the proposal to "defund" Planned Parenthood, were omitted from the bill. However, the \$1.1 trillion spending package does include a two-year delay of the so-called "Cadillac tax" on benefit-rich health insurance plans (for 2018 and 2019) as well as a one-year delay of the health insurance tax (for 2017). Some of the other health-related provisions include the following:

- IPAB (Independent Payment Advisory Board) operational funding was cut by \$15B (although the panel has never actually been established)
- Breast cancer screening recommendations issued by the USPTF (United States Preventive Services Task Force) were blocked for 2 years
- AHRQ (Agency for Healthcare Research and Quality) funding was cut by \$30M (earlier House version had zeroed out agency funding)

A second \$650B package extends a broad range of tax-related policies, including a two-year moratorium on the medical device tax. There had been considerable discussion on a package of additional Medicare policies, including providing authority for CMS (Center for Medicare & Medicaid Services) to expedite hardship exemptions from Meaningful Use penalties for eligible entities who were not able to comply with program requirements due to the lateness of the modified Stage 2 rule for 2015. Though these provisions were not included in the omnibus appropriations package, discussions continue on the Hill and the situation remains fluid.

To read this full article please visit: <http://lcmsfl.org/en/legislative-news-2>

Prior to adjourning for the holidays, Congress adopted legislation, S. 2425, the "Patient Access and Medicare Protection Act," which included a provision granting the Centers for Medicare and Medicaid Services (CMS) the authority to expedite applications for exemptions from Meaningful Use Stage 2 requirements for the 2015 calendar year.

In order to avoid a penalty under the meaningful use program, eligible professionals must attest that they met the requirements for meaningful use Stage 2 for a period of 90 consecutive days during calendar year 2015.

However, CMS did not publish the Modifications Rule for Stage 2 of meaningful use until Oct. 16. As a result, eligible professionals were not informed of the revised program requirements until fewer than the 90 required days remained in the calendar year.

CMS has previously stated that it will grant hardship exemptions for 2015 if eligible providers are unable to attest due to the lateness of the rule. However, under current law, CMS can only grant such exemptions on a case-by-case basis. This means that many eligible professions will be required to apply for exemptions and that CMS will have to act on each application individually.

A provision of the legislation adopted by Congress would grant CMS the authority to process requests for hardship exemptions to physicians through a more streamlined process, alleviating burdensome administrative issues for both providers and the agency.

Many members of Congress played key roles in advancing this provision, including Rep. Tom Price, MD (R-GA), Sens. Orrin Hatch (R-UT) and Ron Wyden (D-OR), and numerous members of the House and Senate leadership, both Republicans and Democrats, went to extraordinary lengths to ensure that this provision was considered prior to the end of the 2015 Congressional session.

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TOP 3 PATIENT SAFETY TIPS OF 2015: REDUCING TECHNOLOGY RISKS

BY CAROL MURRAY, RHIA, CPHRM, CPPS, PATIENT SAFETY RISK MANAGER, THE DOCTORS COMPANY

Although new technologies bring many benefits, they also bring new liability risks—and 2015 could be considered a high-water mark for both new risks and increased prevalence of previously identified risks. The top three patient safety tips of 2015 addressed these risks.

1. Telemedicine: Comply with HIPAA, HITECH, and state-specific laws when transmitting patient health information and follow state licensing requirements.

Physicians must be aware of the risks associated with access, such as patient and staff privacy, inaccuracies in self-reporting, and symptoms that may only be caught in person. Additional legal considerations for online interactions, such as licensure compliance and professional liability coverage for out-of-state interactions, must be addressed for the protection of the physician and the patient.

To reduce these liability risks:

- Comply with all laws when transmitting all personal health information. Train staff on how to protect and secure your data.
- Clearly define proper protocols for webcams and web-based portals.
- Use mechanisms to protect the privacy of individuals who do not want to be seen on camera (including staff members, other patients, or patients' families).
- Check practice requirements and legal limitations in states where you anticipate providing care to patients.
- Make certain that your professional liability policy extends coverage to all jurisdictions where you provide services.

2. Medical equipment alarms: Enact policies to ensure alarms are never silenced.

A main patient safety risk is alarm fatigue, where too-frequent alarms cause providers to override or disable them. When alarms are silenced or eliminated, a significant change in a patient's condition may go undetected. If there is a resultant harm to a patient, it is extremely difficult to mount an effective defense.

The Joint Commission emphasizes policies that can help reduce the risks:

- Policies should be in place and communicated to staff to never silence an alarm and should discourage the use of patient-owned medical equipment without alarms in clinical settings.
- Any medical device equipped with an alarm should be evaluated annually for preventive maintenance.

3. Electronic health records (EHRs): Ensure that implementation includes thorough staff and provider training.

Weaknesses include inaccurate entries that are repeated throughout the record; faulty interfaces between companion systems; greater potential for breaches, resulting in loss of patient privacy; over-reliance on the system by staff, leaving less time to spend with patients; changes in medical record information due to system updates; and difficulty in standardizing the legal medical record for consistency in response to requests for records.

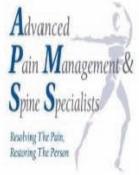
To reduce exposure to EHR risks:

- Ensure implementation includes thorough staff and provider training.
- Establish guiding policies and procedures and designate an ongoing workgroup or individual to address problems in either support systems or the software itself.
- Maintain an ongoing relationship with the vendor to communicate software issues.
- Conduct a periodic review of metadata reports that identify name, date, and time of access—a useful way to monitor inappropriate access to the record by staff.
- Conduct medical record audits at least quarterly.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.



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Welcome

Alexander J. Martinez, MD

Dr. Martinez is a graduate of the University of Miami. He obtained his medical degree from New York Medical College. He completed his residency in Physical Medicine Universities Combined Program at New York-Presbyterian Hospital. He completed a Fellowship in Pain Medicine at Albert Einstein College of Medicine in Bronx, NY.

Martinez is Board Certified in Pain Medicine as well as Physical Medicine & Rehabilitation. He is certified in Diagnostic Musculoskeletal Sonography. For more information, please visit www.apmss.net.

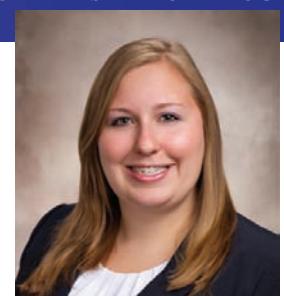
Dr. Martinez is fluent in Spanish. He will be accepting new patients.

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LIFE AS A RESIDENT

BY ASHLEY WALLACE, MD., RESIDENT, FSU/LMHS MEDICAL RESIDENCY PROGRAM

This is the best time of year. The holidays are a time to gather together, usually around great food, with friends and family to share precious time and create lasting memories. Even though I believe that it shouldn't take a holiday to enjoy our time with those so dear to us, no one is free from the chaos that life usually bestows upon us. It is in this season, that between time off work, all of the "get-togethers" planned, and holiday parties, that it is almost mandatory to make the time. This season can be extremely difficult though, particularly for those who are living far away from their friends and family. This past year has been a whirlwind, from living in Pittsburgh, graduating from Drexel Medical School in Philadelphia, and then moving to Fort Myers for my next journey, residency. This year definitely came with a lot of major changes, especially more distance between myself and the world I knew, the world in which I was familiar (at least in regards to geography). My friends from medical school moved all over the country as well, from Connecticut to Maryland, and even though I hadn't been consistently home for a while, this was the first time I had moved so far from my family. Luckily, I have made a new family, here at Lee Memorial family medicine residency program.



When I was interviewing for residencies, the advice from everyone was always the same: "Find people you want to work with, because that is what will make your time in residency memorable and enjoyable." I took that to heart. When I was interviewing at Lee, I took notice to the fact that the faculty were approachable, and that everyone worked enthusiastically together for a greater good, our patients. I saw the faculty as role models, and I knew Lee Memorial was where I had to be. So far, my experiences have lived up to my expectations. For example, this past Thanksgiving, Dr. Fashner, one of our attending faculty members, made a complete Thanksgiving meal for anyone that didn't have a place to go, being that a lot of the residents are not near home, and with work schedules, aren't able to travel. They say that residency is one of the toughest times of training, and it is extremely wonderful for my colleagues to provide continuous support and to be able to work in such a collaborative environment.

The scary part though is that even though you meet the current residents and faculty during the interview process, you don't actually get the opportunity to meet who will be in your intern class with you, that is until day 1 of orientation. I can't believe that it has already been six months since I met my co-interns. We all have very diverse personalities, each with very different strengths and weaknesses, but we make a very cohesive team. My fellow interns have definitely become like family. We have helped each other survive these past six months, and I can't send them enough of my gratitude. I can't wait to see what the future has in store for all of us.

A black and white photograph of two women smiling. One woman is younger with long dark hair, and the other is older with short hair and glasses. They appear to be in an office or library setting with bookshelves in the background.

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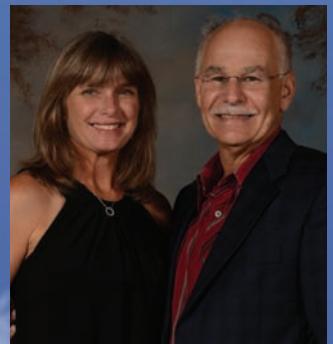
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DECEMBER PHOTOS

HOLIDAY PARTY AT GULF HARBOUR YACHT & COUNTRY CLUB, DECEMBER 14, 2015



Thank you to Valarie Hoffman Photography for generously donating her time and proceeds to benefit the LCMS Alliance Foundation.



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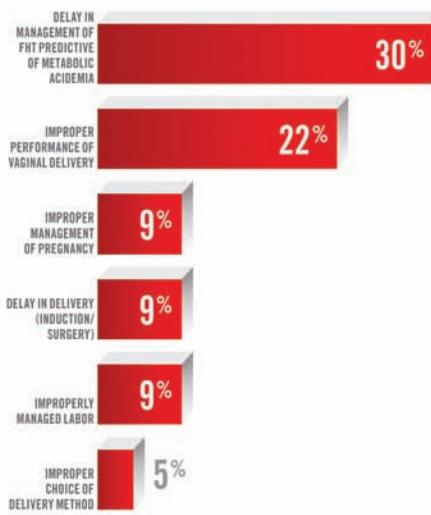


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