



# THE FORUM

January/February 2014 • Volume 13, No. 1 • The Official Magazine of the Collier County Medical Society

## Florida State Healthcare Legislation Preview

*In this issue:*

3D Breast Tomosynthesis

Biopsy Your Retirement Plan

Member Event Photos

## CALENDAR OF EVENTS

Unless otherwise noted, go to [www.ccmsonline.org](http://www.ccmsonline.org)  
to register or call (239) 435-7727

**Tuesday, January 14, 6:00pm**

**CCMS Seminar on False Claims Act & HIPAA**  
Neighborhood Health Clinic

**Friday, February 21, 12pm**

**Women Physicians Winter Luncheon**  
Brio Tuscan Grille at The Waterside Shops  
\$23 per person online or at the door

**Saturday, March 1, 8:30am - 12:30pm**

**6th Annual CCMS Women's Health Forum**

"Hot Topics in Wellness:  
Live Longer and Live Better"  
*Open to the Public*

NCH Downtown, Telford Building  
*Contact CCMS for sponsor/exhibit opportunities*

**Saturday, May 3, 8:30am & 6:30pm**

**Foundation of CCMS Golf Tournament  
& CCMS Annual Meeting**

Grey Oaks Country Club  
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### SAVE THE DATE!

**July 29-August 5, 2014**




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## MEMBER NEWS

Adam Fueredi, MD has retired from Naples Community Hospital and remains Medical Director with Nuclear Medicine of Naples, LLC  
599 9th Street N, Ste 211, Naples, FL 34102  
Phone: 239-263-8001 Fax: 239-263-0114

### Office relocations:

Robert Hanson, MD  
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Patrice Mack, MD - new suite  
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Jacqueline Romero, DO  
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# NEW MEMBERS



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Naples, FL 34103  
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## MEMBER DUES REMINDER

Payment for your 2014 CCMS membership dues was due on December 31, 2013.

If you (or your group) has not yet submitted payment, please do so by check or credit card to CCMS, or you can pay at [www.ccmsonline.org](http://www.ccmsonline.org) (see our Membership page, where Alliance members can also download their join/renew form). Contact CCMS at 435-7727 if you need an additional copy of your dues invoice. To pay your FMA dues, go to [flmedical.org](http://flmedical.org), and to pay your AMA dues go to [ama-assn.org](http://ama-assn.org).



## A Message from the President

*2014 Preview - Another Exciting Year in the Works*

Richard Pagliara, D.O., President, Collier County Medical Society

CCMS wishes you all a happy and healthy new year. I am happy to announce that CCMS is poised to offer many educational and CME opportunities this upcoming year. We hope to see you at our seminar on HIPAA and False Claims Act in January, and stay tuned for information on more member events yet to come.

CCMS will again be hosting a Women's Health Forum as a service to our community, scheduled for March 1<sup>st</sup> at the Telford Center. This year's theme is "Hot Topics in Women's Health: Live Longer & Live Better". See the information in this issue for details, and be sure to invite your patients, friends and family to attend this free educational event.

We are also excited to promote our first annual Foundation of CCMS fundraising golf event on Saturday, May 3<sup>rd</sup> at Grey Oaks Country Club in conjunction with the CCMS Annual Meeting & Installation Dinner. Many thanks go to our sponsoring CCMS member Dr. Bill Akins and Grey Oaks Country Club for making this possible. More details on this exciting event will follow shortly, including a wide range of sponsorship opportunities. In the meantime, please visit [www.ccmsfoundation.org](http://www.ccmsfoundation.org) for registration and updates.

The FMA has been working diligently in support of its members that have been affected by the UnitedHealth Medicare Advantage debacle. CCMS will continue to detail organized medicine's advocacy efforts in our "elert" electronic newsletter. Be sure to watch your emails, and we will communicate developments as they occur.

All indications at the time of writing this message are that the SGR reduction will once again be pushed back to April. We all hope that a permanent and tolerable fix is ahead. CCMS will make sure that our members have the opportunity to convey your thoughts to our legislators at that time.

I would also like to thank our members who have taken the time to email and write to me about their concerns, thoughts and comments. We at CCMS take these comments seriously and utilize your input to improve the value of your membership.

Thank you.



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# 2014 FMA Legislative Issues

The 2014 Florida state legislative session starts officially this coming March, but legislative activity is already well underway. Topics in health care to monitor this year include: Insurance Reform/Prior Authorization, Telemedicine, Team-based Health Care/Scope of Practice, and Hospital Obstetric Department Closure. These are some of the key issues the FMA will address during the 2014 session. Here are some highlights that can be a helpful tool for FMA and CCMS members when you are speaking with your local legislators.

## **Insurance Reform / Prior Authorization**

The FMA will seek legislation making it unlawful for an insurance company or other third party payer to interfere with a licensed MD/DO's valid order for a medical test or procedure; provide for the mandatory use of a standardized form by all insurance companies and managed care plans that require any type of prior authorization; and place strict limitations on the use of fail first protocols.

Part of the Affordable Care Act requires patients be given 90 days before their policy is cancelled for premium non-payment. After the first 30 days of premium non-payment, the insurer has no obligation to pay providers for services rendered. Currently, physicians will have no way to know whether a patient has coverage until the end of that 90-day period. Insurers should be required to flag those policyholders that have not paid premiums so that doctors can choose whether or not to see them.

Each different insurer can have dozens of different prior authorization forms doctors must complete depending on the type of insurance coverage the patient has. A recent survey of physicians reveals that reducing this type of red tape ranks as the highest priority for Florida's physician community. Studies have shown that the burdensome prior authorization process is costing the health care system between \$23-31 billion per year, which equates to about \$85,000 per physician. Several states like Texas, California and Ohio have already passed legislation to create a standard prior authorization form.

## **Telemedicine**

The FMA supports telemedicine legislation that will modernize medical practice by establishing uniform standards for physicians and maintain patient safety through four key components: definition, accountability, education, and reimbursement.

### **Definition**

Telemedicine is the health care delivery, diagnosis, consultation, treatment, monitoring, or the transfer of medical data via the use of telecommunications services to establish a physician-patient relationship, to evaluate a patient, or to treat a patient. Telecommuting should only be conducted with the appropriate technology and encryption to comply with HIPAA. The physician practicing telemedicine must establish a physician-patient relationship and have the patient's informed consent. Controlled substances shall not be prescribed without a face-to-face consult unless it is an emergency situation.

### **Accountability**

Physicians entering Florida to practice via telecommunications must be licensed in Florida or hold a Florida telemedicine certificate. To ensure the safety of Florida's patients, these physicians telecommuting into the state must meet uniform standards of care. The Board of Medicine must have jurisdiction to credential and discipline these physicians.

## **Education**

All physicians practicing telemedicine must comply with current laws and rules in Florida. The most effective way to maintain this knowledge in an ever-changing technological climate is for physicians to complete continuing medical education.

## **Reimbursement**

Parity for face-to-face consults and telemedicine consults must apply in the private insurance market as well as in Medicaid. The physician expends the same amount of time, skill, and expertise when conducting a consult whether it be face-to-face or through telecommunications. The physician shouldn't be financially penalized for serving more patients outside of the traditional office setting.

## **Team-based Health Care / Scope of Practice**

The FMA supports the use of patient-centered, team-based patient care and believes that increased use of the team-based care model can have a positive impact on Florida's primary care needs. A team-based approach would include physicians and other health professionals working together, sharing decisions and information, for the benefit of the patient.

Physicians, ARNPs, PAs, nurses and other professionals would work together, drawing on the specific strengths of each member. Some nursing groups argue that nurse practitioners (ARNPs) should be given the authority to practice independently to meet access to primary care needs. However, Florida's current ARNP supervision laws have much greater reach and flexibility than are commonly understood as evidenced in these four facts:

1. There are no established limits on how many ARNPs a physician may supervise as Florida law currently allows a physician to supervise an unspecified number of ARNPs at up to four offsite locations, so long as the supervision is conducted under a written protocol.
2. There are no requirements in law that limit the distance between a primary care physician's on-site office and the off-site, supervised offices. (Exception: dermatological satellite offices must be within 25 miles). The physician need only be reachable in person or by communication devices.
3. Under an ARNP protocol, the physician delegates which duties the ARNP may perform, and which medications the ARNP may prescribe (exception: controlled substances). These protocols are written to accommodate a broad range of patient needs.
4. Current law already permits ARNPs to own retail clinics. This means that an ARNP does not need to be employed by a supervising physician in order to set up a delegation protocol. The ARNP can go through the facility licensure process and set up shop as his or her own small business, just as they would in states that permit "independent practice."

Current Florida law is well-equipped to enable an increased role for ARNPs and PAs in patient care. It is in the patient's best interest for physicians and ARNPs to work together as a team, with the patient at the center.

## **Hospital Obstetric Department Closure**

The FMA will seek legislation to require that when a hospital decides to close an obstetric department, that hospital must provide notice of 120 days to physicians with privileges at that facility to ensure patients are not left without needed medical care.



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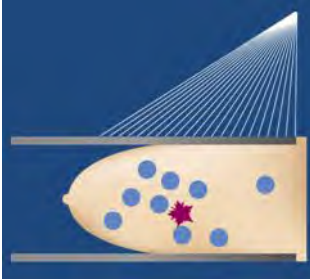


# 3D Breast Tomosynthesis

*Not Your Mother's Mammogram*

Margaret D. Taha, M.D., Radiology Regional Center

The goal of Screening Breast Imaging is to identify early breast cancers, ones that are not clinically suspected, that once treated have a cure rate of 98%. So what gets in our way of detecting these small invasive cancers? Dense breast tissue, which can obscure small masses and distortion, or simulate abnormalities, resulting in both False Negative and False Positive screening mammograms.



Even excellent quality mammograms have a 10% False Negative cancer detection rate. A 10% diagnostic recall rate on screening mammograms is considered acceptable to preserve sensitivity.

But what can we do to increase the specificity without decreasing the sensitivity of mammography? Unfortunately the test with the highest sensitivity is MRI, which is not covered for non-high risk women with dense breasts. Whole breast ultrasound increases identification of masses, but with a loss in Specificity as many probably benign findings such as complicated cysts are found and require follow up or biopsy.



Illustration of a standard 2D mammogram with normal tissue obscuring a spiculated mass.

Breast Tomosynthesis, also called 3D Mammography is a new way of using mammographic imaging to look through the breast tissue. Fifteen projection images are acquired in a 4-second sweep. The Tubehead returns to center; a 2D image is acquired under the same compression, giving perfectly co-registered 2D & 3D Images, 10-12 seconds total. Total dose for combined 2D and 3D scan is below the FDA/MQSA limit of 3mGy, and is 1/3 of the natural background radiation we receive yearly. Images are acquired in standard CC and MLO positioning of both breasts.



Tomosynthesis Unit

The rationale for using 2D plus 3D imaging is that comparison of current images with prior images is standard mammography practice and critical to perceive subtle changes that may be associated with a cancer. Obtaining a 2D exam with the 3D exam will allow direct comparison of current 2D images with prior 2D images. Segmental and clustered calcifications are more easily and quickly appreciated with 2D because they can traverse multiple slices in 3D. By minimizing structure overlap, 3D optimally demonstrates masses and architectural distortion.

Breast cancer screening with tomosynthesis significantly increases cancer detection with<sup>1</sup> 40% increase in invasive cancer detection and 27% increase in overall cancer detection. Compared to Full Field Digital Mammography, sites report a significant reduction in recalls with Tomosynthesis<sup>2-3</sup> 20-40% reduction in recall rates (based on site practices). Patients across all age groups and breast densities benefit from the addition of tomosynthesis screening.<sup>1</sup> Combined with 2D, 3D tomosynthesis is a more accurate mammogram.<sup>2</sup> Masses, distortions and asymmetric densities are better visualized with tomosynthesis, and 3D Tomosynthesis significantly improves diagnostic accuracy of non-calcified lesions compared to supplemental 2D diagnostic views.<sup>3-4</sup>

1. Levine, Gary. <http://imaging-radiation-oncology.advanceweb.com/Features/Articles/3-D-Mammography-Advancing.aspx> February 27, 2012.

2. Skaane P, Gullien R, Eben EB, et. al. Reading time of FFDM and tomosynthesis in a population-based screening program. Radiological Society of North America annual meeting. Chicago, IL, 2011.

3. FDA PMA submission P080003.

4. Bernardi D, Ciatto S, Pellegrini M, et. al. Prospective study of breast tomosynthesis as a triage to assessment in screening. Breast Cancer Res Treat. 2012 Jan 22 [Epub ahead of print].

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## Biopsy your Retirement Plan

*Qualified Plans: Understanding Your Fiduciary Responsibilities and Potential Liability*  
Nancy McCoy & Peter Montalbano CFP®, Capital Guardian Wealth Management

If you or your medical practice sponsor a retirement plan for you and your staff, you most likely have substantial fiduciary responsibility with respect to that plan. Fiduciary status is based on the functions performed for the plan, not a title. If you, as an individual fiduciary, fail to meet the needs of the participants and beneficiaries in any manner, you may be held personally liable for such failure. Remember, as an individual trustee, the most you may be able to do is to share that liability and hiring someone to perform fiduciary functions is itself a fiduciary act. **Ask yourself:**

- ✓ Are you the plan fiduciary and do you understand all of your fiduciary responsibilities? If not, do those whom you have hired to perform the functions of a fiduciary fully understand what is required of them and the associated liability?
- ✓ Are you ensuring proper diversification of the investments available under the plan? If participants make their own investment decisions, have you provided the plan and investment related information needed in order to allow participants to make informed decisions about the management of their individual accounts? Have you provided sufficient information for them to effectively exercise control in making investment decisions?
- ✓ Are you aware of the schedule to deposit participants' contributions in the plan in a timely basis, and have you made sure that your processes comply with the regulations?
- ✓ If you are hiring third-party service providers, have you conducted proper due diligence, prepared thorough documentation, and considered whether the fees are reasonable for the services provided?
- ✓ Are you prepared to monitor your plan's service providers and are you doing so on a regular basis?
- ✓ Are you and any other plan fiduciaries acting solely in the interest of the participants and their beneficiaries and defraying reasonable expenses of the plan?
- ✓ Are you carrying out duties with respect to the plan with the care, skill, prudence, and diligence of a prudent person familiar with such matters?
- ✓ Have you identified anyone who may be considered a "party in interest" to the plan and have you taken steps to monitor transactions with them?
- ✓ Are you aware of the major exemptions under ERISA that permit transactions with parties-in-interest, especially those key for plan operations (such as hiring service providers and making plan loans to participants)?
- ✓ Have you reviewed your plan document in light of current plan operations and made necessary updates to ensure that you are operating the plan in accordance with the plan provisions? After amending the plan, have you provided participants with an updated Summary Plan Description or Summary of Material Modifications?
- ✓ Do those individuals handling plan funds or other plan property have a fidelity bond?

This is an abbreviated list of the questions that you, as a plan fiduciary, must be able to answer affirmatively. The larger question is this: Do you want to be personally liable for any losses a plan participant incurs for any reason? If not, what are your options for reducing your liability? In order for the plan sponsor to lower his own fiduciary liability, he needs to hire another fiduciary. Individual trustees and other plan fiduciaries can minimize personal liability as it pertains to investment management and plan operation by hiring the right partners.

In the case of ERISA plans, the plan sponsor will need to hire a fiduciary to provide guidance on the appropriate plan investments and employee education regarding investment of their plan account balances. Such a role can generally be filled by a Registered Investment Advisor. All SEC-registered investment advisors are, by definition, fiduciaries. However, that is not true for other financial service professionals, including brokers. Other fiduciary responsibilities, such as monitoring all plan operations, ensuring all necessary participant communications are completed, and plan document updates can be assigned to additional partners.

The bottom line is offering a qualified plan to your employees is a great recruitment and retention tool. It is important however to understand your responsibilities and employ ways to reduce your potential liability.

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## EVENT SCHEDULE

8.30am-9.00am	Event Registration Continental Breakfast Exhibit Hall Opens
9.00am-9.05am	Welcome & Opening Comments in the Auditorium
9.05am-10.00am	<b>Break Out Session I</b> Topics: Depression, Anxiety, Insomnia, GI Cancer, Gas & Flatulence, Osteoporosis, Sciatica, Thyroid, and MORE!
10.00am-10.20am	Refreshment Break & Exhibits
10.20am-11.15am	<b>Break Out Session II</b> Topics: The Aging Brain, Pelvic Prolapse, Strokes, Incontinence, Breast Cancer & Surgery, Mammograms, Urinary Surgery, and MORE!
11.15am-11.35am	Refreshment Break & Exhibits
11.35am-12.30pm	<b>Break Out Session III</b> Topics: A Plan for Health, Heart Disease, Prescription Drugs, Menopause & Hormones, Eye Health, Aging Skin, Metabolism, and MORE!



# CCMS Legislative Seminar

October 24, 2013



Dr. Blane Crandall and attendees



Joseph Rugg, Esq.



Dr. Howard Freedman and attendees



Legislative Seminar Panelists



J. Keith Arnold



Representative Matt Hudson

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## New Members Welcome Reception

November 15, 2013



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