THE FORUM

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2015 Florida State Healthcare Legislation Preview

In this issue:

CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

Friday, January 9, 12:30pm
CCMS Women Physicians Luncheon
Brio Tuscan Grille

Thursday, January 22, 6:00pm - 7:30pm
CCMS Event: Legal Considerations for Physicians
Vineyards Country Club

February 5, 7:00pm
CCMS Alliance Valentine's Event
Tory Burch at Waterside

February 19, 6:00pm
CCMS Seminar: Physicians' Health & Wellness
Bellasera Hotel

February 26, 6:00pm
Foundation of CCMS Wine Tasting & Fundraiser
Naples Wine Collection

Saturday, March 7, 8:30am - 12:30pm
7th Annual CCMS Women's Health Forum
NCH Downtown, Telford Center
Open to the Public

Wednesday, March 18, 6:00pm
CCMS Spring General Membership Meeting
Arthrex

Thursday, April 23
Dermatology Symposium
Location TBD

Saturday, May 9, 6:30pm
CCMS Annual Meeting & Installation of Officers
Naples Beach Hotel & Golf Club
Contact CCMS for sponsor/exhibit opportunities or visit ccmsonline.org

Saturday, Sept. 26, 7:30am
Foundation of CCMS Golf Tournament
Bonita Bay Club Naples
Contact CCMS for sponsor/exhibit opportunities or visit ccmsfoundation.org

Member Dues Reminder

Payment for your 2015 CCMS membership dues was due on December 31, 2014.
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 (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, and to pay your AMA dues go to ama-assn.org.

New Members

Ariel J. De La Rosa, M.D.
Collier Urgent Care
1168 Goodlette Road N
Naples, FL 34102
Phone: 239-300-0586
Fax: 239-300-0588
Board Certified: Cardiovascular Disease, Internal Medicine

DeWayne Lockhart, M.D.
Associates in Medicine & Surgery
2950 9th Street N Ste 13
Naples, FL 34103
Phone: 239-263-5501
Fax: 239-481-8150
Anesthesiology, Pain Management

Walid Mangal, D.O.
Eye Centers of Florida
2500 Tamiami Trail N, Ste 109
Naples, FL 34103
Phone: 239-263-2700
Fax: 239-263-2845
Ophthalmology, Vitreo-Retinal Surgery

Karysse J. Trandem, D.O.
Womens Healthcare Physicians of Naples
775 1st Ave N
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Phone: 239-262-3399
Fax: 239-261-1189
Board Certified: OB/GYN

Retired Member:
Spyros D. Kitromilis, M.D.
OB/GYN

Reinstated

JB Brockman, M.D.
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311 9th Street N., Ste 308
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Internal Medicine

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Solnes Aurelio Tobal, MD, PA
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Fax: 239-434-7791
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Charles Richard Underwood M.D. PLLC
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Fax: 239-228-6424
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Member News

Practice Relocation:

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Robert Tomsick, M.D.
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Fax: 239-261-5594

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Heather Smith-Fernandez, M.D.
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Physician's Life Centers
1048 Goodlette Road, Suite 101
Naples, FL 34102
Ph: 239-325-6504

Board Certification:

Mazen Albeldawi, M.D.
NCH Physician Group
Gastroenterology

Igor Levy-Reis, M.D.
Neuroscience and Spine Associates
Headache Medicine

A Message from the President

Mitchell Zeitler, M.D., President, Collier County Medical Society

The Medical and Surgical Home

There is a new trend occurring in my specialty of anesthesiology. Well, it's not so new. It's an expansion of the Patient Centered Medical Home called the Surgical Home and more specifically, the Perioperative Surgical Home (PSH). This involves all specialties as well as primary care.

The concept is to centralize the process of patient care starting preoperatively and carrying through surgery and then 30 days or longer into the post-operative and convalescent care. Historically, prior to the Affordable Care Act, all payment for services were based on episodic care. Except for major medical centers or the few committed private hospitals that incorporated a comprehensive preoperative access clinic, there was (or is) little interest in care outside the operating room or in the pre-admission testing clinics run by nursing. Now the key word is optimization of patient care, shifting the balance back to physicians from the hospital and health care systems.

In the PSH, patients requiring surgery or any procedure are sent to a preoperative assessment center and from there what kind of history and physical examination, labs, and special tests that will be needed will be identified and managed by the primary care physicians and specialty consultants under the guidance or needs of the anesthesiologist. The goal is to prevent cancellations as well as optimization of the medical problems. Then we get into other new concepts such as enhanced recovery after surgery (ERAS) which deals with physical reconditioning, nutritional support, and goal directed fluid management as well as decreased opioid use and early feeding and mobilization, all in order to decrease convalescence and the usual post-operative fatigue (POF). Finally there is a transition of care to the medical home or primary care provider.

What do we get out of this? What is the pay off, so to speak? We get to distinguish physicians from mid-levels and those aspiring to equal status without engaging in the time, money, and effort of a medical education. As a matter of fact, the Centers for Medicare and Medicaid Services is to begin paying providers (if the proposed new rule is approved) for the management of patients with multiple, chronic conditions, non-face-to-face over a 90-day period, part of the growth of the patient centered medical home (PCMH) in 2015.

By addressing the patient's surgical problem and co-morbidities prior to surgery, and managing the care during and after, the system will now re-establish the value of the physician to the delivery of care.

This process is at the starting gate for many of us and will become the standard soon enough. Hopefully we will all be on that train.

For more reading on the Perioperative Surgical Home, go to www.asahq.org/psh.

CCMS COLLIER COUNTY MEDICAL SOCIETY 1957

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239-841-9237 bmdpl.com

Capital Guardian Wealth Management
Peter Montalbano
239-919-5900 capitalguardianllc.com

CLIFFORD MEDICAL BILLING SPECIALISTS INC.
Lisa Clifford
239-325-2088 cliffordmedicalbilling.com

Express EMPLOYMENT PROFESSIONALS
Joseph Hohmann & Leslie Hohmann
239-498-5000 expresssrg.com

FACTOR MEDICAL BILLING
Melisa Hendricks Factor & Jordan Factor
239-784-4181 factormedicalbilling.com

First Citizens Bank
Michelle McLeod
239-659-2800 firstcitizens.com

Healthcare Underwriters Group of Florida
Lisa Self
954-294-2760 hugroups.com

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For the Best. By the Best.
Kerri Sisson
239-433-4471 lebenefitadvisors.com

LELY Insurance Group, LLC
Winning Premium Faceoffs
David Bolduc
239-682-1143 lelyinsurance.com

Markham Norton Mosteller Wright & Company, P.A.
Certified Public Accountants / Consultants
Karen Mosteller
239-261-5554 markham-norton.com

MEDLINE
Kelly Bowman
239-250-1012 medline.com

MERIDIAN BusinessConsultants
Dan Shannon
239-690-9819 meridianbusinessconsultants.com

REGIONS
It's time to expect more.
Erica Vanover
239-434-1112 regions.com

ROETZEL
Jessica Thomas
239-649-2717 ralaw.com

RXCARE PHARMACY
Binauta Patel
239-330-7792 therxcare.com

THE DOCTORS COMPANY
Shelly Hakes
800-741-3742 x 3294 thedoctors.com

2015 Florida State Healthcare Legislation Preview

Florida Medical Association Legislative Team

Editors' Note: The 2015 Florida state legislative season is upon us, and we hope you take some time during your busy schedules to review some of the major issues in health care that the Florida Medical Association will be monitoring this year on our behalf. Here are some highlights that can be a helpful tool for CCMS members when you are speaking with your local legislators.

Health Insurance Reform

The FMA's health insurance reform legislation targets four major hassle factors physicians repeatedly experience with health insurance companies: prior authorization, fail first protocols, retroactive denials, and bait and switch. Following is a description of the four issues our legislation covers and an explanation of our plan to address them.

- *Prior Authorization:*
  Florida should join a number of other states that have taken action to cut red tape by creating a standardized electronic process for submitting requests for medical procedures and prescription drugs. All insurance carriers that do not have an electronic prior authorization process should be required to create one standardized form for all claims that require prior authorization. In order to avoid patient complications due to unnecessary delay in care, insurers should be required to act on any prior authorization requests within 72 hours of receipt of the form, or the procedure is deemed approved.
- *Fail First Protocols:*
  Appropriate safeguards need to be put in place to protect patients from insurance companies making medical decisions that are harmful and clinically inappropriate. If the patient's physician believes, based on sound medical judgment, that the fail first protocols established by an insurance company to save money are likely to cause an adverse reaction or physical harm, an override should be granted within 24 hours. If during the fail first period the patient's physician deems the treatment prescribed by the insurance company to be ineffective, the patient should be able to receive the therapy recommended by his or her physician without requiring an override of the fail first protocol.
- *Retroactive Denials:*
  Insurance companies should be required to pay claims when they have given prior authorization and have verified the patients are covered. The practice of denying payment to a physician after an approved service has been provided puts enormous financial pressure on a physician's practice and drives an unnecessary wedge between patients and their physicians.
- *Grace Period:*
  Under the Affordable Care Act (ACA), people who buy a subsidized health insurance plan on the exchange also have the benefit of a 90-day grace period to bring premium payments current when they are in arrears. Insurance companies are required to cover payment for services for the first 30 days of the grace period. However, after the remaining 60 days, insurance companies may retroactively terminate the insurance policy if the insured person does not make premium payments. This means that the physician who provided care during the 60-day period will not be paid by the insurance company and will be forced to track down the patient to receive payment for services already rendered. Through no fault of their own, physician practices are turned into debt collectors, which is costly and time consuming. The FMA is asking the Florida Legislature to address this unfair process created as part of the ACA by requiring health plans to provide immediate notice to the physician when the patient enters the 90-day grace period, and to allow the physician to make appropriate payment arrangements with the patient after the first 30 days of this period.
- *Bait and Switch:*
  Many individuals rely on the fact that their current physicians are part of preferred networks when making decisions as to which health insurance products to purchase. Insurers should not be able to entice people to purchase their products by relying on long-outdated preferred provider lists that do not accurately reflect their current networks. This bill will require insurers to maintain accurate lists on their websites and to make any changes within 10 business days.

Telemedicine

The FMA supports the use of new technologies to expand access to areas where there are too few physicians or where a second opinion by a specialist is needed quickly. Our goal is to expand the use of telemedicine while ensuring high standards and providing appropriate safeguards to protect patient safety and privacy. To achieve this, four components must be established:

- *Definition of Telemedicine:* The state of Florida must clearly define the practices of telehealth, telemonitoring and telemedicine. The definition of telemedicine must include language that requires an established patient-physician relationship as well as the requirement for patient informed consent.
- *Physician Accountability:* Physicians using telemedicine must be licensed in Florida. To ensure the safety of Florida's patients, these physicians should meet uniform standards of care. The Florida Board of Medicine must have jurisdiction to credential and discipline these physicians practicing medicine on Florida patients via telemedicine.
- *Education:* All physicians practicing telemedicine must comply with current laws and rules in Florida. The best way to maintain this knowledge in an ever-changing technological landscape is for physicians to complete continuing medical education provided by their professional association.
- *Reimbursement:* Lack of payment for telemedicine services is a significant barrier to widespread adoption of this innovative technology. 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 diagnostic expertise when conducting a consult whether it be face-to-face or via telemedicine.

Finally, as with any new technology, there is always potential for abuse. It is important that insurance companies are prevented from using telemedicine physicians as "gatekeepers" to deny care. In addition, health plans should by prohibited from using telemedicine to get around network adequacy requirements.

Scope of Practice

The FMA will continue to oppose all scope of practice expansions including naturopaths, ARNPs, pharmacists, optometrists,

Healthcare Legislation Preview *(continued)*

psychologists, podiatrists, direct access to physical therapists, audiologists and speech language pathologists.

Medicaid Reimbursement

Increase the reimbursement rate for Medicaid to that of Medicare. At the very least seek to ensure that physicians have the opportunity to control the disbursement of Medicaid funds in any type of capitated system.

Hospital Obstetric Department Closure

Seek legislation to rrequire 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

Graduate Medical Education / Medical Loan Forgiveness

It is imperative that Florida increase state funding for graduate medical education programs in order to preserve access to care in Florida. In addition, the FMA supports medical education reimbursement and loan repayment programs for primary care physicians who are willing to practice in rural, underserved counties.

Balanced Billing

Oppose the imposition of any new restrictions on the ability of a physician to bill patients directly for the costs of care not fully covered by their insurance policy.

Prescription Drug Monitoring Database

Oppose mandates on physicians to check Florida's prescription drug monitoring database before issuing a prescription

Needle & Syringe Exchange Pilot Program

The Miami-Dade Infectious Disease Elimination Act (I.D.E.A.) would authorize the University of Miami and its affiliates to establish a needle and syringe exchange pilot program in Miami-Dade County to offer free, clean, and unused needles and syringes in exchange for used needles and syringes in order to prevent the transmission of HIV/AIDS and other blood-borne diseases among injection drug users.

Florida Legislators, Collier County

State Senate District #23
Garrett Richter (REP)
Chair, Ethics and Elections; Vice Chair, Banking and Insurance
Local: (239) 417-6205
Tallahassee: (850) 487-5023
flsenate.gov/Senators/s23

State Senate District #39
Dwight Bullard (DEM)
Vice Chair, Transportation
Local: (305) 234-2208
Tallahassee: (850) 487-5039
flsenate.gov/Senators/s39

State Representative District #106
Kathleen Passidomo (REP)
Chair, Civil Justice Subcommittee; Vice Chair, Judiciary
Local: (239) 417-6200
Tallahassee: (850) 717-5106
http://bit.ly/1AznyMs

State Representative District #80
Matt Hudson (REP)
Chair, Health Care Appropriations Subcommittee
Local: (239) 417-6270
Tallahassee: (850) 717-5080
http://bit.ly/13qMw6N

State Representative District #105
Carlos Trujillo (REP)
Chair, Criminal Justice Subcommittee
Local: (239) 434-5094
Tallahassee: (850) 717-5105
http://bit.ly/1GoXveP

Senate Leadership Offices & Key Committees

- Sen. Don Gaetz, Senate President
- Sen. Garrett Richter, President Pro-Tempore
- Sen. Bill Galvano, Majority Leader
- Sen. Denise Grimsley, Deputy Majority Leader
- Sen. Arthenia Joyner, Minority Leader
- Appropriations: Sen. Tom Lee
- Rules: Sen. David Simmons, Chair
- Health Policy: Sen. Aaron Bean, Chair
- Appropriations Subcommittee on Health and Human Services: Sen. Rene Garcia, Chair
- Banking and Insurance: Sen. Lizbeth Benacquisto, Chair
- Judiciary: Sen. Miguel Diaz de la Portilla, Chair

House Leadership Offices & Key Committees

- Rep. Steve Crisafulli, Speaker of the House
- Rep. Matt Hudson, Speaker pro tempore
- Rep. Dana Young, Majority Leader
- Rep. Mark Pafford, Democratic Leader
- Rep. Mia Jones, Democratic Leader pro tempore
- Health Quality Subcommittee: Rep. Cary Pigman, M.D., Chair; Rep. Greg Steube, Vice Chair
- Health Innovation Subcommittee: Rep. Kenneth Roberson, Chair; Rep. Doug Broxson, Vice Chair
- Health & Human Services: Rep. Jason Brodeur, Chair; Rep. Ronald Renuart, D.O., Vice Chair
- Health Care Appropriations Subcommittee: Rep. Matt Hudson, Chair
- Insurance & Banking Subcommittee: Rep. John Wood, Chair
- Civil Justice Subcommittee: Rep. Kathleen Passidomo, Chair
- Regulatory Affairs: Rep. Jose Felix Diaz, Chair
- Judiciary: Rep. Charles McBurney, Chair
- House Appropriations: Rep. Richard Corcoran, Chair; Rep. Jim Boyd, Vice Chair

Federal Legislative Update – Medicare Physician Payment Reform

Richard A. Deem, Senior Vice-President, Advocacy, American Medical Association

As the 113th Congress draws to a close, it is worth reflecting on where we stand and to think about where we are going with respect to Medicare physician payment reform.

After a year of work, this February [2014] the relevant congressional committees reported an SGR repeal bill with unanimous support. The bill not only repealed the SGR and provided for a period of positive updates but also set the stage for a new generation of physician payment arrangements that promote quality and value while maintaining a viable fee-for-service system. No Congress before has come so far in answering the question of what comes after the SGR. This was a significant accomplishment that was made possible by strong advocates within the Congress and a united front by organized medicine.

Unfortunately, this bipartisan, bicameral agreement failed to become law due to Congress' persistent inability to agree on whether or how to offset additional costs to the current fictional budget baseline. In March, Congress forced through a 17th SGR patch bill despite significant opposition. Despite declarations from leaders on both sides of the aisle that work would proceed, there is no evidence that any serious efforts were made to resolve the budget issue.

The late humorist Cullen Hightower said, "We may not imagine how our lives could be more frustrating and complex—but Congress can." We all know what he meant.

To be sure, physicians are not alone in their disappointment. Congress has failed once again to agree on billions of dollars in expiring tax policies affecting vast segments of our nation's economy. On Congress' repeated failure to address these issues, outgoing Ways and Means Committee Chairman Dave Camp (R-MI) said last week:

Hardworking taxpayers deserve to know whether these tax policies are going to be there year in and year out on a permanent basis. Temporary renewals cannot provide the certainty that American businesses need in order to make the best decisions about how to invest in cutting edge research, whether to buy that new piece of equipment, and most importantly, whether to hire that additional worker.

These observations apply equally to physicians and the uncertainty that continued Congressional failure to address the SGR means for them and the millions of Medicare beneficiaries for whom they care.

Congress even failed to pass any of the 13 bills required to fund the operations of the federal government, relying instead on temporary patches and last minute kick-the-can solutions to prevent another government shutdown.

There will be limited time after the new Congress convenes before the current SGR patch expires on April 1. In fact, the House is only scheduled to be in session for 37 days before the current patch expires. Fortunately, the 113th Congress left us with a blueprint for reform in hand. Hopefully, legislators will build on the progress made this year so that medicine can focus on addressing other important health care policy issues.

The AMA greatly appreciates the collaboration with state and national specialty societies as well as the extensive physician and patient grassroots efforts over the past year.

Next year presents opportunities and challenges to create a more sustainable environment for physician practices. We are in the process of reassessing the environment and potential strategies for our priority issues for the next session of Congress. In the coming weeks, we will be reaching out to state, county and specialty representatives for input on how we can work effectively together to achieve shared goals to promote the art and science of medicine and the betterment of public health.

Federal Legislators, Collier County

United States Senator
Bill Nelson (DEM)
Chairman, Special Committee on Aging
Local: (239) 334-7760
D.C.: (202) 224-5274
billnelson.senate.gov

United States Senator
Marco Rubio (REP)
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D.C.: (202) 224-3041
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U.S. Congress, District 19
Curt Clawson (REP)
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D.C.: (202) 225-2536
clawson.house.gov

U.S. Congress District 25
Mario Diaz-Balart (REP)
Vice-Chairman, Financial Services and General Government
Local: (239) 348-1620
D.C.: (202) 225-4211
mariodiazbalart.house.gov

Despite being a good student, Ron developed an intense fear of school and refused to go. Depressed and directionless, he abused alcohol and bounced between jobs, homes and towns. By the time he was 23, he had experienced the desperation of homelessness more than once, and had been in several Crisis Units. He was finally diagnosed with bipolar disorder, but without a job or housing, he had no plans. Then he made his way to DLC.

DLC referred him to a shelter and into the Project for Assistance in Transition from Homelessness Program. They helped Ron enroll at FGCU for a degree in software engineering and secured financial aid and campus housing.

In just eight months, Ron is stable, sober and armed with the skills he needs to manage his illness. He now has a support system and plans for a bright future.

His Mind is *Our* Concern.

Mental health is a community issue.

Fortunately, there's a community solution.

Ron is among one in four in Collier County who suffer from a mental illness. One in ten of us will experience some form of substance abuse. When a family member, friend or coworker battles a mental health or substance abuse problem, we suffer with them. Thankfully, David Lawrence Center is here for our community.

A not-for-profit organization founded and still governed by community leaders, the David Lawrence Center is the behavioral health component of our community's healthcare network. A true local resource, it relies on donations, fees and grants to invest in the health, safety and wellbeing of our community.

When you have a patient that needs help, call on the highly compassionate, committed and competent professionals of the David Lawrence Center to inspire them to move beyond the crisis towards life-changing wellness.

DAVID LAWRENCE CENTER
FOR MENTAL WELLNESS

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Which Retirement Plan Is Right for Your Business?

This article was written by Wells Fargo Advisors and provided courtesy of Jeffrey S. Allen®, retired physician member of CCMS

If you own a small business, there are many retirement plan alternatives available to help you and your eligible employees with retirement planning. For most closely-held business owners, a Simplified Employee Pension Individual Retirement Account (SEP IRA) was once the most cost-effective choice. Then the Savings Incentive Match Plan for Employees (SIMPLE IRA) became a viable alternative. Today you may find that a defined benefit or 401(k) plan best suits your needs. To make an informed decision on which plan is right for your business, review the differences carefully before you choose.

Simplified Employee Pension Individual Retirement Account (SEP IRA). This plan is flexible, easy to set up, and has low administrative costs. An employer signs a plan adoption agreement, and IRAs are set up for each eligible employee. When choosing this plan, keep in mind that it does not allow employees to save through payroll deductions, and contributions are immediately 100% vested.

The maximum an employer can contribute each year is 25% of an employee's eligible compensation, up to a maximum of $265,000 for 2015. However, the contribution for any individual cannot exceed $53,000 in 2015. Employer contributions are typically discretionary and may vary from year to year. With this plan, the same formula must be used to calculate the contribution amount for all eligible employees, including any owners. Eligible employees include those who are age 21 and older and those employed (both part time and full time) for three of the last five years.

Savings Incentive Match Plan for Employees (SIMPLE). If you want a plan that encourages employees to save for retirement, a SIMPLE IRA might be appropriate for you. In order to select this plan, you must have 100 or fewer eligible employees who earned $5,000 or more in compensation in the preceding year and have no other employer-sponsored retirement plans to which contributions were made or accrued during that calendar year. There are no annual IRS fillings or complex paperwork, and employer contributions are tax deductible for your business. The plan encourages employees to save for retirement through payroll deductions; contributions are immediately 100% vested.

The maximum salary deferral limit to a SIMPLE IRA plan cannot exceed $12,500 for 2015. If an employee is age 50 or older before December 31, then an additional catch-up contribution of $3,000 is permitted. Each year the employer must decide to do either a matching contribution (the lesser of the employee's salary deferral or 3% of the employee's compensation) or non-matching contribution of 2% of an employee's compensation (limited to $265,000 for 2015). All participants in the plan must be notified of the employer's decision.

Defined benefit pension plan. This type of plan helps build savings quickly. It generally produces a much larger tax-deductible contribution for your business than a defined contribution plan; however, annual employer contributions are mandatory since each participant is promised a monthly benefit at retirement age. Since this plan is more complex to administer, the services of an enrolled actuary are required. All plan assets must be held in a pool, and your employees cannot direct their investments.

Certain factors affect an employer's contribution for a plan, such as current value of the plan assets, the ages of employees, date of hire, and compensation. A participating employee with a large projected benefit and only a few years until normal retirement age generates a large contribution because there is little time to accumulate the necessary value. The maximum annual benefit at retirement is the lesser of 100% of the employee's compensation or $210,000 per year in 2015 (indexed for inflation).

401(k) plans. This plan may be right for your company if you want to motivate your employees to save towards retirement and give them a way to share in the firm's profitability. 401(k) plans are best suited for companies seeking flexible contribution methods.

When choosing this plan type, keep in mind that the employee and employer have the ability to make contributions. The maximum salary deferral limit for a 401(k) plan is $18,000 for 2015. If an employee is age 50 or older before December 31, then an additional catch-up contribution of $6,000 is permitted. The maximum amount you, as the employer, can contribute is 25% of the eligible employee's total compensation (capped at $265,000 for 2015). Individual allocations for each employee cannot exceed the lesser of 100% of compensation or $53,000 in 2015. The allocation of employer profit-sharing contributions can be skewed to favor older employees, if using age-weighted and new comparability features. Generally, IRS Forms 5500 and 5500-EZ (along with applicable schedules) must be filed each year.

Once you have reviewed your business's goals and objectives, you should check with your Financial Advisor to evaluate the best retirement plan option for your financial situation.

Women's Health Forum

7th Annual

Your Steps to Better Health

MEET OVER 20 LOCAL PHYSICIANS

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Nadia Kazim, MD, PA
Park Royal Behavioral Health Services
Physicians Regional Healthcare System
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CENTER FOR HEARING

EVENT SCHEDULE

8.30am-8.55am
Event Registration
Continental Breakfast
Exhibit Hall Opens

8.55am-9.00am
Welcome & Opening Comments in the Auditorium

9.05am-10.00am
Break Out Session I
Topics: Healing Answers, Healthy Skin, Breast Cancer & Imaging, Gas & Colon Issues, and MORE!

10.00am-10.20am
Refreshment Break & Exhibits

10.20am-11.15am
Break Out Session II
Topics: The Aging Brain, Strokes, Vitamin D, Hormone Therapy, Life Challenges, Osteoporosis, Weight, and MORE!

11.15am-11.35am
Refreshment Break & Exhibits

11.35am-12.30pm
Break Out Session III
Topics: Metabolism, Heart Disease, Diabetes, Back & Posture, Cardiac Health, Hereditary Issues, and MORE!

Community Service Corner

Dr. Teresa Sievers and Our Mother's Home

As a board member and volunteer for Our Mother's Home, I understand first-hand the triple challenge faced by this unique nonprofit organization that has been serving Southwest Florida and Collier County since 2000. Our Mother's Home addresses one of the most challenging issues facing our community: pregnant teen moms in foster care – some who are, tragically, adolescent U.S. citizens who are victims of human trafficking.

The statistics on foster care teen pregnancy and its connection to human trafficking is alarming, with the two most arresting statics being:

- Young women in foster care are twice as likely as their peers to become pregnant and to have repeat pregnancies before age 21.
- Traffickers actively pursue and recruit for prostitution girls who are in foster care or recently "aged out". Vulnerable and without funds, the traffickers promise the young girls the care and support they did not have from their own parents.

Teen mothers are referred to our Mother's Home – a comfortable and welcoming 18-bed residence – by the Department of Children and Family Services, Catholic Charities, and the Collier County and Lee County Sheriffs' offices. Many of the girls who find their way to Our Mother's Home have been badly abused and in need of a great deal of support. While the home is located in south Ft. Myers, it serves young mothers in a multi-county, Southwest Florida area. The young mothers must either be in school or working in order to qualify for residency at the Home.

I have been on the Board of Our Mother's Home since 2008, with four of those years serving as President of the Board. But where I receive the most value is devoting my time to "working in the trenches" at Our Mother's Home. Through the years I have developed special relationships with all the young mothers by leading parenting classes, providing one-on-one support and guidance, and being there with a loving "ear" and non-judgmental open heart to hear the stories and help with the heartaches caused by the traumas experienced by these young girls.

The most important hurdle these girls face is healing the wounds of a traumatic family life and getting them emotionally, physically, and mentally stable so they can remain in school for their diploma, and create a normal self-sufficient life. It is a tall order, and Our Mothers' Home recognizes that the key to success is education and sound mental, spiritual, and emotional health. We are currently looking to the medical community to help support an increase in those vital medical programs that mean the difference between girls returning to an abusive environment, or finding their way to a productive, happy life.

Our Mother's Home believes that the combination of parenting skills, mental health counselling and education, is the key to stabilizing lives that have been torn apart before they get a chance to develop. If you are interested in volunteering your time, please contact Our Mother's Home at 239-267-4663.

I also invite you to join me at the upcoming February 20, 2015 "Hearts of Love" Casino Night, an opportunity for all of southwest Florida to rally their support, celebrate the achievements of Our Mother's Home, and enjoy a fabulous, fun evening. Success is possible, and Our Mothers' Home is working to create those victories, one girl and one baby at a time.

Our Mother's Home of Southwest Florida, Inc.

Our Mother's Home
Hearts of Love Casino Night

February 20, 6:00pm
The Naples Beach Hotel & Golf Club
Karen@ourmothershome.com
www.ourmothershome.com
(239) 267-4663

CCMS After 5 Social – October 23rd
CCMS New Members Welcome Reception – November 14th
CCMS & GGN GI Symposium – November 20th

Dr. Adrian Torres, Dr. Gustavo Rivera, Dr. Keith Spain, Dr. Kathryn Russell, Dr. Helen Skvaza, Dr. David Linz, Dr. Shuneui Chun and Dr. Jose Baez

Dr. Gustavo Rivera & wife Andreina and Dr. Ralph Rodriguez & wife Amarilys

Dr. Justin Warner & wife Allison

Dr. Kathryn Russell & husband Matthew and Dr. Ernest Wu

Thank you New Members Welcome Reception presenting sponsors

FCB Florida Community Bank

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Dr. Robert Chami & wife Ramona

Dr. Stephen Schwartz & wife Melanie

Dr. Gustavo Rivera, Dr. Raymond Phillips, Dr. Susan Liberski, Dr. Michael Marks and Dr. Perry Gotsis

Michelle McLeod with First Citizens Bank and Dr. Rafael Haciski

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CCMS Member Dues

The 2015 CCMS membership dues deadline was Dec. 31st. If you have not paid your dues, pay online at ccmsonline.org or return your invoice with payment. Thank you!