



THE FORUM

July/August 2015 • Volume 14, No. 4 • The Official Magazine of Collier County Medical Society

2014-2015

CCMS, Foundation & Alliance Annual Reports



Collier County Medical Society Alliance

In this issue:

CCMS Circle of Friends Spotlight

Biology of Depression Treatment Implications

Member Event Photos

CALENDAR OF EVENTS

Unless otherwise noted,
Register at www.ccmsonline.org
or call (239) 435-7727

July 31 – August 2
FMA Annual Meeting
Disney's Yacht & Beach Club Resort, Orlando

August 9 – 16
FMA & CCMS Alaskan CME Cruise
Round-trip Seattle, Washington

Thursday, August 19, 6:00pm
CCMS Lecture: Alzheimer's and Dementia
Brookdale Naples

Thursday, August 27, 5:30pm
CCMS After 5 Social
Artichoke & Company, Bonita Springs
Co-hosted by Wiebel Hennells & Carufe, PLLC

Thursday, September 10, 6:00pm
CCMS Fall General Membership Meeting
Hilton Naples
Contact CCMS for sponsor/exhibit opportunities

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

SAVE THE DATES!

Saturday, October 17
PLAN Fundraiser: "Swanky Speakeasy"

Saturday, October 24
Foundation of CCMS Wine Tasting Fundraiser

Thursday, November 5
GI Symposium

Friday, November 13
CCMS New Members Welcome Reception

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Member Reminder

Pick up your CCMS 2015 member window
decal at the next CCMS event, or request one
from the CCMS office:
email info@ccmsonline.org or call 435-7727.

CCMS Board of Directors 2015-2016

President

Eric Hochman, M.D.

Vice President

Rafael Haciski, M.D.

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Cesar De Leon, D.O.

Treasurer

Catherine Kowal, M.D.

Officer/Director at Large

Paul Dorio, M.D.

Director at Large: David Wilkinson, M.D.

Ex Officio Directors: Karen Swain, CCMS Alliance President,
April Donahue, Executive Director, CCMS

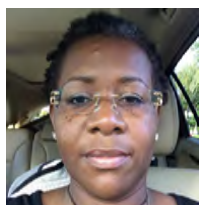
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MEMBER NEWS

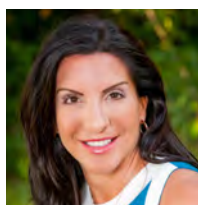
New Members:


Russell W. Becker, D.O.

Naples Vascular Specialists
130 9th Street N, Ste 220
Naples, FL 34102
Phone: (239) 649-0550 Fax: (239) 649-1785
Board Certified: Vascular Surgery


Dawn M. Bertram-Stewart, M.D.

Apple Pediatrics
6615 Hillway Circle, Ste 201
Naples, FL 34112
Phone: (239) 455-1882 Fax: (239) 455-2412
Board Certified: Pediatrics


Pamela A. Hughes, D.O.

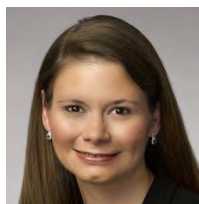
Hughes Center for Functional Medicine
800 Goodlette Road N, Ste 270
Naples, FL 34102
Phone: (239) 649-7400 Fax: (239) 649-6370
Board Certified: Family Medicine
Specialty: Functional Medicine


Ivan L. Mazzorana, M.D.

Park Royal Behavioral Health System
671 Goodlette Road N, Ste 130
Naples, FL 34102
Phone: (239) 433-8220 Fax: (239) 213-5874
Board Certified: Psychiatry, Geriatric Psychiatry


Phan A. Nguyen, D.O.

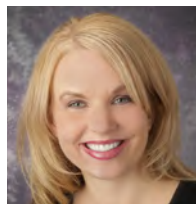
SW Florida Women's Group, P.A.
1890 SW Health Parkway
Naples, FL 34109
Phone: (239) 593-0990 Fax: (239) 593-0812
Board Certified: Obstetrics and Gynecology


Cherra F. Pumphrey, M.D.

Physicians Regional Medical Group
6101 Pine Ridge Road
Naples, FL 34119
Phone: (239) 348-4231 Fax: (239) 348-4433
Board Certified: Internal Medicine


Paul S. Richard, M.D.

Neuroscience and Spine Associates
6101 Pine Ridge Rd
Naples, FL 34119
Phone: (239) 649-1662 Fax: (239) 649-7053
Specialty: Neurological Surgery


Ruta V. Totoraitis, M.D.

Neuroscience and Spine Associates
1660 Medical Blvd, Ste 200
Naples, FL 34110
Phone: (239) 566-3434 Fax: (239) 566-2143
Board Certified: Neurology, Vascular Neurology


Lucienne D. Valcourt, M.D.

Amazon Pediatrics
4075 Pine Ridge Rd #2
Naples, FL 34119
Phone: (239) 963-9855 Fax: (239) 963-9857
Board Certified: Pediatrics

Correction:

Robert O'Leary, D.O.
Pain Management
Physicians Regional Medical Group
24231 Walden Center Dr., Suite 201
Bonita Springs, FL 34134
Phone: (239) 348-4420 Fax: (239) 390-2486

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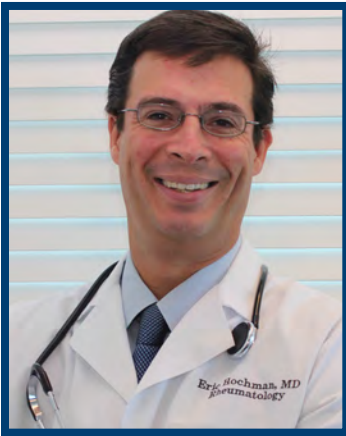


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A Message from the President

Eric Hochman, M.D., CCMS President, 2015-16



Our new board recently held our first meeting and we are off to a busy start. I am excited about this year, and as this issue contains the annual reports from 2014-15, I would also like to give you a brief preview of things to come.

As always, our board reviewed our monthly financial and membership reports. While it is too soon to know for certain, it appears we will be at least on pace financially with 2014, and in fact are currently ahead in net income. Member dues, as well as member event and publication revenue, are strong. In fact, we have already welcomed nearly 30 new members this calendar year. The Collier County medical community continues to grow, and our Society is proving to be an asset to local physicians.

Significant time at our recent meeting was spent planning for the CCMS presence at the 2015 FMA Annual Meeting, which will be held July 31-August 2 in Orlando. One aspect of our role there is to hear resolutions to enact FMA policy. CCMS is proposing a resolution to the House of Delegates for the FMA to become more involved in promoting HIEs and interoperable software technology for the providers and healthcare facilities in our communities. As we all know, there is no standard platform to share patient health information, making it difficult to obtain the necessary records in a timely and efficient manner to increase quality of care.

We also conducted phone interviews with the three candidates for the contested race of FMA Vice-Speaker. This is an important position in the FMA, one held previously by our own Dr. Corey Howard (who is now Speaker), as those who become Vice-Speaker generally rise in the ranks. Therefore, it is critical we vote for the physician we feel can best represent our interests.

Another important component to the FMA House of Delegates are reference committees, which filter through the many resolutions submitted to the House. We are fortunate to have CCMS delegates appointed to each of the four reference committees as well as the credentials & rules committee. I encourage you all to join the FMA if you have not already – in addition to its membership benefits, it will help increase the size of our delegation, and thus strengthen our voice at the state level. Stay tuned for a recap of the annual meeting in the next issue of *The Forum*.

Of course, we are also planning many more social and educational events this year, continuing to expand our Circle of Friends vendor program to offer members special services and discounts, and remaining on top of healthcare news and trends to advocate for physicians and our patients. If you have a question on any practice-related issue, you can call or email the CCMS office. If we do not have the answer, we will find someone who does. If you have a suggestion for services and programs that we could offer, contact us. We also invite members to submit information to this magazine, such as articles, guest editorials, and feedback in the form of letters or emails.

Our annual reports from the last fiscal year show a strong Medical Society. And it could only help us help you if we have more members on our roster. We encourage you to refer any non-members who could benefit from membership to CCMS. More information is available on our website, ccmsonline.org.

Thank you for supporting our mission to promote quality healthcare for all patients and serve the professional needs of our members. I look forward to seeing you all throughout this year.

The Foundation of Collier County Medical Society presents

Docs & Duffers 2015

2nd Annual Charity Golf Tournament benefiting efforts to address access to healthcare, promote health education and serve the community's public health needs

Saturday, September 26, 2015

7:30 am - 1:30 pm

Bonita Bay Club Naples

2700 Wildwood Blvd, Naples, FL 34120

Learn more at www.ccmsfoundation.org

Sponsorships

at www.ccmsfoundation.org
or april@ccmsonline.org/(239) 435-7727

Golfer Fees

\$175/golfer or \$600/foursome
includes cart & greens fees

Highlights

7:30 am
Registration

8:00 am
Introduction

8:15 am
Golf: Shotgun Start
& Scramble Format

12:30 pm
Lunch & Awards Ceremony

Mulligans, raffles, contests, & more!
Premier raffle with prizes from Bigham
Jewelers and Turnberry Isle Miami!
(need not be present to win)



Dr. Jonathan Jay
Dr. Rolando Rivera
Dr. Alexandre Rosen
Dr. Benjamin Storey
Dr. David Wilkinson



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Foundation of CCMS 2014 Annual Report

Rolando Rivera, M.D., Foundation Chair



It is my pleasure to provide the report on our Medical Society's 501c3 charitable arm, the Foundation of Collier County Medical Society. We had an exciting and successful second year with more than \$39,000 in donations and program income, and are well underway to a successful third year, as we continue to raise awareness and funds for our mission to provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs.

In May of 2014 we hosted our first annual Docs & Duffers charity golf tournament at Grey Oaks Estuary Course, with nearly 100 golfers, 14 sponsors, nearly 50 supporters and donors, and over \$12,000 in net proceeds. A significant portion of our income is raised at this signature fundraising event, which includes an enjoyable day of golf, prizes, and raising funds for worthy healthcare needs in our community.

We look forward to our second annual Docs & Duffers, scheduled for September 26th at the excellent Bonita Bay Club Naples off of Immokalee Road. We invite our members, friends, family, colleagues, and the public to join us as golfers, sponsors, and/or prize donors. More information is available at CCMSfoundation.org. I hope to see many of you there. Even if you cannot attend, be sure to purchase raffle tickets for a variety of quality prizes, such as a \$2500 gift certificate to Bigham Jewelers. Contact the CCMS office for details.

Donations from our member physicians and friends of CCMS are also a major source of income for the Foundation. In 2014 we had \$4,700 in donations from member dues invoices, and over \$1,600 in additional contributions. Raffle tickets at CCMS events accounted for another \$1,700 in income. Thank you to all of our supporters for your contributions to our successful launch these past two years. Your support is critical to our success. Visit our website to see our donor honor roll and join us in recognizing these supporters.

Expenses continued to be minimal, with the majority going toward our event/fundraiser costs, remaining legal fees from setting up the Foundation, donations, and our scholarship program. We awarded two scholarships in 2014 to deserving nursing students based on need and academics. We were also honored to announce a new scholarship program for medical students who excel in community service, the Dr. William Lascheid Memorial Scholarship. Stay tuned for more information on the 2015 award winners.

I would like to say thank you to the hard-working Foundation Board Members. Please contact any one of us for information on the Foundation's activities and mission, or reach out to April at the CCMS office, 435-7727 or april@ccmsonline.org. On behalf of all of us, thank you again and we look forward to working with you to improve the health of our community.

2015-2016 Foundation Board Members:

Rolando Rivera, M.D., Chair

Karen Henrichsen, D.O., Treasurer/Secretary

Peter R. Boyd, M.D.

Reisha Brown, M.D.

Jeremy Darstek

Bob DiPesa

Andrew Hill

Richard Pagliara, D.O.

April Donahue



Congratulations to the 2015 FCCMS Scholarship Recipients

The board members of the Foundation of Collier County Medical Society (FCCMS) are pleased to congratulate the winners of our 2015 scholarship awards.



The Dr. William Lascheid Memorial Scholarship for Medical Students: Angelina Malamo

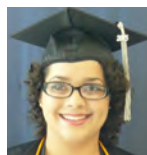
Recognizing future physicians who have demonstrated excellence in community service

Angelina is in the Class of 2017, and the Executive Board Community Outreach Chair at FSU College of Medicine. She has volunteered her time with the Chapman Community Health Program and Cover the Uninsured Week at FSU, and helped teach 4th graders about staying healthy while at her Summer Clinical Practicum in Immokalee.

Angelina, who began her service commitments as a 4th grader, says, "I am so incredibly honored and excited to have received the Dr. William Lascheid Memorial Scholarship. I can't even begin to express my gratitude." Her vision is "to create a clinic where people of all backgrounds can come to receive care and learn about how to achieve their goals of becoming the healthiest person they can be."

FCCMS Healthcare Scholarships: Jennifer Castaneda and Claras Suze Leandre

For students pursuing careers in healthcare, with awards based on need and academic performance



Jennifer received her nursing certificate at Lorenzo Walker Technical High School, and is on to a summer term at UF studying microbiology & cell science. She offered this advice to students, "Your high school experience is only as rewarding as you make it out to be. If I had the opportunity to relive my years at LWTSHS, I would ask more questions and not be so concerned with others' perception of me. In the end, everyone is struggling to find their own niche."



Claras is in the Class of 2016 at the FSU College of Medicine and will pursue a specialty in Obstetrics and Gynecology. She thanked FCCMS: "The fourth year of medical school has many financial stressors in addition to tuition. This scholarship will help offset these costs. I will continue to demonstrate my passion for service and mentorship both as a student and within my future practice, representing the type of student the foundation seeks."

Upcoming symposiums



Foot and Ankle Symposium (Third Annual)

Friday, September 18
The Ritz-Carlton Coconut Grove,
Miami (4 CME/CE)

MiamiFootandAnkle.BaptistHealth.net

Beneath the Surface: In-depth Focus on Wound Care and Critical Limb Ischemia Symposium (10th Annual)

Saturday, September 19
The Ritz-Carlton Coconut Grove,
Miami (6.5 CME/CE)

WoundCLIMiami.BaptistHealth.net



Echocardiography Symposium (34th Annual)

Friday-Saturday, September 25-26
Trump National Doral, Miami
(11 CME/CE)

MiamiEcho.BaptistHealth.net



Diabetes Symposium (Third Annual)

Saturday, October 17
Baptist Hospital Auditorium,
Miami (4 CME/CE)

DiabetesSymposium.BaptistHealth.net

More CME opportunities at BaptistHealth.net/CME



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CCMS Alliance Annual Report and Preview for 2015-16

Michelle Fuchs, CCMSA 2014-15 President



The Collier County Medical Society Alliance (CCMSA) held their Annual Spring Luncheon on May 12th. This annual event is when CCMSA Members come together to celebrate their past year's successes and to congratulate and welcome the new incoming Board and Committee Chairs.

This past year the CCMSA Board was excited to have hosted a variety of successful fundraising events. We thankfully surpassed our annual goal of \$10,000 and handed out over \$12,000 worth of Ethyl Trygstad Scholarships to Collier County High School graduating students who will be pursuing medical careers. We had an amazing Halloween Costume Fundraiser and a Luau that had our best turn out yet!

From our social nights out, to the family play dates, goodwill donations and scholarship awards, the CCMSA celebrated a fun and successful past year! The new CCMSA Board and members look forward to yet another exciting and successful year to come. They look to continue making strides in increasing the CCMSA membership base, enhancing member support on CCMSA committees, having members utilize the CCMSA website – ccmsalliance.info, increasing traffic on the CCMSA Facebook Page, and being innovative, creative and “green” for next year's members.



(L-R) New CCMSA President Karen Swain, Past President Michelle Fuchs, Past Vice President Antonjia Bhasin, New Vice President Sheryl Guttman

Join CCMSA for their first event of the new season on August 16th, the CCMSA Annual End of Summer Pool Party at the Waldorf Astoria Pool. Visit the CCMSA website, ccmsalliance.info, for more information!



(L-R) FMA Alliance President Adina Nobie, Lisa Wallace, Marisol Baez, Karen Swain, Dana Jaffe, and Sheryl Guttman

Welcome to the new 2015-2016 CCMSA Board

President – Karen Swain
 Vice President – Sheryl Guttman
 Alliance Treasurer – Lisa Fenda-Wallace
 Foundation Treasurer – Marisol Baez
 Correspondence Secretary – Rebecca Linz
 Recording Secretary – Dana Jaffe
 Past President – Michelle Fuchs
 Parliamentarian – Ann Anderson



Collier County Medical Society 2014-2015 Annual Report

VISION

**Helping Physicians Practice High Quality Medicine
in Our Community**

MISSION

**The Collier County Medical Society is an organization
of physicians dedicated to promoting quality healthcare
for all patients and to serving the professional
needs of our members**



2014-15 CCMS Officers: (front, L-R) Dr. Catherine Kowal, Secretary;
Dr. Mitchell Zeitler, President; Dr. Cesar De Leon, Officer/Director at Large;
(back L-R) Dr. Paul Dorio, Director at Large; Dr. Eric Eskioglu, Director at Large;
Dr. Rafael Haciski, Treasurer. (not pictured: Dr. Eric Hochman, Vice President)

2014-2015 Presidential Report

Mitchell Zeitler, M.D.



It has been an honor to serve the members and the board of CCMS. It was a great learning experience for me and hopefully we didn't break anything we couldn't fix.

This past year has been interesting as it has been challenging.

Scope of practice has continued to come up in the Florida House of Representatives. The most recent bill would have allowed:

1. ARNPs to administer, dispense, and prescribe controlled substances. Some of us think this will bring us back to the Pill Mills of just a few years ago.
2. Independent practice without physician supervision. Again this is medical practice by legislation instead of medical education.
3. Telemedicine practice without obtaining a Florida license. So, if someone can read an x-ray or make a diagnosis by telemedicine on a patient in Florida without the need of a Florida license, why do you and I need one?

Organized medicine in Florida attempted major insurance reform that was pro-medicine, pro-patient. The legislation, if passed, would have addressed:

1. Fail First Protocols – requiring prescription of the cheapest meds even if the physician thinks a different drug is better. We need to stop the insurers from requiring this so that the best drug is used first and not waste weeks of ineffective treatment.
2. Prior authorization – streamlining this process so that one form is used for all insurers and limit the time for a response.
3. Preferred drug lists to be available online and updated and to have at least two drugs listed for any disease.

ACOs, or alternative payment models, are still coming:

1. The Center for Medicare & Medicaid Services wants 50% of payments to physicians to be in the form of an ACO or bundled payment by 2018. Of the ACOs presently operating, 25% of physician participate but only half of them believe there is increased quality or reduced cost. Employed physicians and primary care providers were more likely to view ACOs positively.
2. There are 744 active ACOs in the U.S. covering 23.5 million lives. There are 132 payers participating, including CMS, regional insurers, large insurers and self-insurers. Florida has 66 ACOs, second only to California.
3. Medical Shared Savings Programs saved over 700M. Of the 220 MSSP/ACO that posted 1st year performance, only 52 shared savings to providers.

So whether we like it or not, they are here to stay for the time being and they will go through all sorts of tweaking. The newer one from CMS is called Next Generation ACO Model. It will work alongside the present ACOs, but with some modifications that will have financial incentives for beneficiaries to seek care with these models, financial rewards realized if the ACO truly is efficient, and changes to the downside financial risk.

Although the SGR (sustainable growth rate) was repealed, the legislation that replaced it contains provisions that reward physicians who participate in alternate payment models such as ACOs with bonuses and higher annual payment updates.

Medical Marijuana will continue to be with us. As you know the Amendment 2 was narrowly defeated. If we are to support marijuana use we need evidence-based studies showing efficacy and means other than smoking to get the effect. In the end Florida voters need to decide if they truly want legalized medical marijuana and not a pretense that would allow dispensing for any medical condition based on any physician's subjective criteria.

These are just some of the many issues facing us. I'm sure the next group of CCMS leaders will do an outstanding job continuing to follow these issues and advocate for Collier County's physicians and patients.

Again, it was a pleasure serving and thank you to our members for your participation and involvement.

CCMS Annual Highlights

By becoming a member, you support the CCMS mission to “help physicians practice high-quality medicine in our community.” With your membership, our society leads the way on issues that affect you and your patients. This past year’s activities include:

- Introducing the CCMS Health Plan “co-op” for member practices to fulfill the health insurance needs of members, their families, and their staff while enjoying the rate savings of a single, large group.
- Hosting and/or facilitating 9.25 complimentary CME credit hours for CCMS members, addressing a wide variety of topics, as well as educational seminars such as legal considerations for physicians, healthcare innovations, and more.
- Continuing to assist physicians and patients with physician referrals via publication of the popular CCMS member physician directory, our online “find a doctor” search, and phone calls to the CCMS office.
- Increasing our involvement in organized medicine at the state level, including leadership positions and a successfully passed resolution at the FMA Annual Meeting, to ensure our members’ voices are heard at the FMA and AMA.
- Meeting with legislators and representing our members’ interests in healthcare policy debates, including issues such as scope of practice, SGR repeal, and the third-party payers.
- Due to popular demand, expansion of our “After 5” social events for members to connect with colleagues and vendors, and meet physicians who are new to our area.
- Presenting the 7th Annual Women’s Health Forum, a public service educating 300 attendees on the latest health trends and medical treatments, featuring CCMS member speakers.

2014-2015 Committees

Thank you to the following members who participated in committees during the last year:

Grievances

Dr. Paul Dorio, Chair
Dr. Alan Galbut
Dr. Richard Pagliara

FMA Delegates

Dr. Bruno Dipasquale
Dr. Scott Fuchs
Dr. Rafael Haciski
Dr. Catherine Kowal
Dr. Alejandro Perez-Trepichio
Dr. James Talano
Dr. Mitchell Zeitler
Dr. Corey Howard (FMA Speaker and AMA Delegate)

Health Information Exchange

Dr. Richard Pagliara, Chair
Dr. Cesar De Leon
Dr. Rafael Haciski
Dr. James Talano

Health Insurance Co-Op

Dr. Pavan Anand
Dr. Jeffrey Fabacher
Dr. Rafael Haciski
Dr. Catherine Kowal
Dr. Susan Liberski
Dr. Jose Marquina
Dr. Monica Woodward

Legislative Committee

Dr. Mitchell Zeitler, Chair
Dr. Joseph Gauta
Dr. James Talano

Membership

Dr. Rafael Haciski, Chair
Dr. Jose Baez
Dr. Caroline Cederquist
Dr. Paul Jones
Dr. Stephen Schwartz
Dr. James Talano

Nominating

Dr. Karen Henrichsen, Chair
Dr. Rafael Haciski
Dr. Eric Hochman
Dr. Corey Howard
Dr. Rolando Rivera

Programs Committee

Dr. Cesar De Leon, Chair
Dr. Daniel Deutschman
Dr. Ronald Purcell
Dr. Alina Stanciu
Dr. Mitchell Zeitler

Women’s Health Forum 2015

Dr. Catherine Kowal, Chair
Dr. Caroline Cederquist
Dr. Rafael Haciski
Dr. Karen Henrichsen
Dr. Jonathan Jay
Dr. Tami Kuhlman
Dr. Marilyn Varcoe

CCMS Annual Report (cont.)

Income and Expenses

Income, Fiscal Year ending March 31, 2015

Dues \$204,100.00
 Publications \$96,400.26
 Members events \$52,580.00
 Interest \$18.82
Total Income \$353,099.08

Expenses, Fiscal Year ending March 31, 2015

Salary/benefits/taxes \$172,356.49
 Member events \$45,999.99
 Travel/seminars/meetings \$15,115.03
 Publications \$36,742.99
 Rent/electric \$15,492.85
 Phone/computer and web \$8,643.51
 Accounting/professional services \$9,693.42
 Other operating expenses \$20,494.95
Total Expenses \$324,539.23

Net ordinary income \$28,559.85

(Compared with \$8,235 in 2013-14)

CCMS Political Action Committee (PAC) Report

The last fiscal year was a busy campaign year and your PAC board was on task to support candidates who are physician and patient friendly. The board reviewed contenders for state and local positions and provided funds to a variety of candidates, including two FMA physician colleagues running for office and the State Representatives representing Collier County.

The PAC made \$3,500 in candidate contributions and ended the fiscal year with a loss of \$4,255 and a bank balance of \$5,519. While the PAC account had sufficient funds for the year's contributions, we received just \$3,300 in CCMS member donations. The PAC board encourages everyone's participation in 2015-16. CCMS members and spouses may donate to the PAC at any time; contact the CCMS office.

Funds were distributed to:

Matt Hudson, State Representative, District 80
 Kathleen Passidomo, State Representative, District 106, and State Senate
 Dr. Julio Gonzalez, State Representative, District 74
 Lavigne Ann Kirkpatrick and Penny Taylor, Board of Collier County Commissioners, District 4
 Dr. Chris Constance, Charlotte County Commissioner
 FMA PAC fundraiser

2014-2015 PAC Board

Dr. Rolando Rivera, Chair/Treasurer; Dr. Joseph Gauta,
 Dr. Catherine Kowal, Dr. Mitchell Zeitler, and April Donahue

Membership

Total Membership 2014-2015: 555

2014-2015 New & Reinstated Members

Mazen Albeldawi, M.D.
 Jan Barrios, M.D.
 Gordon Beardwood, M.D.
 Aldo Beretta, M.D.
 Kara Brogan, M.D.
 Shuneui Chun, M.D.
 Ariel De La Rosa, M.D.
 Charlene Deluca, M.D.
 Rasai Ernst, M.D.
 Lisa Gallagher, D.O.
 Kiranjeet Gill, M.D.
 Scott Greenberg, D.O.
 Kavitha Gudur, M.D.
 Omar Henriquez, M.D.
 Shannon Keating, D.O.
 Spyros Kitromilis, M.D.
 Lawrence Kohn, M.D.
 Evgeny Krynetskiy, M.D.
 Michael Lee, M.D.
 David Linz, M.D.
 DeWayne Lockhart, M.D.
 Walid Mangal, D.O.
 Jonathan Marsh, M.D.
 Scott Needle, M.D.
 Tuan Nguyen, M.D.
 Maria Pachori, M.D.
 Zubin Pachori, M.D.
 John Raheb, D.O.
 Gustavo Rivera, M.D.
 Robin Roden, M.D.
 Elliot Schprechman, M.D.
 Nijal Sheth, M.D.
 Moses Shieh, M.D.
 Mala Singh, D.O.
 Helen Skvaza, M.D.
 Keith Spain, M.D.
 Adrian Torres, M.D.
 Karysse Trandem, D.O.
 Brian Wallace, D.O.



This report was prepared by April Donahue, CCMS Executive Director
 Collier County Medical Society, 1148 Goodlette Road North, Naples, FL 34102
 (239) 435-7727 • fax: (239) 435-7790 • info@ccmsonline.org • www.ccmsonline.org

Practices with 50-99 Employees Face Difficult Medical Plan Renewal in 2016 – CCMS MEWA one of Several Solutions

Donald C. Raimey, Jr., CLU, ChFC, AIF - Leading Edge Benefit Advisors, LLC



The Affordable Care Act requires all states to change the definition of a “small employer” in 2016 to include employers with 1 to 99 employees for health insurance purposes. This means that for states like Florida where the marketplace has traditionally been divided between small and large employer at 50 lives, those employers making the change (those with 50-99 lives) will face an

uncertain renewal in 2016 and have some complex alternatives to consider to avoid the impact of this change.

Small group medical rates are managed by a pricing methodology commonly referred to under ACA as Adjusted Community Rating. Under this model the rates for coverage are filed with each state for various rate areas within the state and then “the rate is the rate is the rate” for each health plan you may consider for your employees. Prior to this change, groups with 50-99 lives traditionally had a broker negotiate their annual renewals with the carriers, using alternative markets to beat down rate increases under the threat of having the policyholder move the coverage to another carrier – this will no longer be the case for the 2016 renewal on.

What we did learn when the ACA rules were first put in place for the 1-49 marketplace is that the impact of Adjusted Community Rating impacts employers’ health plan costs differently based on the demographic makeup of the participants on the plan. For example:

- Groups that largely consist of younger male insureds were hurt the most, receiving very substantial increases in cost. This is due to the fact that rates must be unisex under Adjusted Community Rating (since female rates were always higher under the traditional system this adjustment had a negative impact on male rates) AND are designed to shift risk from the older insureds to younger insureds under the risk redistribution design of ACA.
- Older age groups that are made up of largely female insureds are least affected by the change.
- Most employer groups are a mix of participants and overall can expect to receive a trend plus rate adjustment in 2016, some of the more popular carriers are currently predicting the rate increases will average 25-30%.

While most employers with 50-99 employees will still want to consider traditional fully insured rate quotes in 2016 to fully understand the impact of new rating system, there are some alternatives that medical practices can consider that will eliminate the impact of Adjusted Community Rating on their plan. They include:

Alternative Funding Arrangements - are not considered fully insured plans and therefore ACA does not apply Adjusted Community Rating to these plans. As a result, partial self-funded and level-funded plans can offer an alternative that will still be subject to medical underwriting of your plan’s health risk and not subject to the fixed rates of Adjusted Community Rating. In fact, some carriers have or are designing plans that bring these plans down market to smaller groups for this very purpose.

Making the change to an alternative funding arrangement should not be taken lightly by the plan sponsor. Unlike fully insured plans, costs for these plans can exceed the term of the normal plan year including the potential to have risk of claims exposure beyond the period for which insurance is provided. Careful planning should be used and the establishment of adequate reserves should be considered by the plan sponsor as well. Of course the upside is that your claims activity will not approach the expected level and therefore such an arrangement may result in plan savings. Most advisors would caution that the smaller the employer, the less likely a savings will result, as having only one or two large claims can result in the plan reaching its maximum annual cost.

As important, since these alternatively financed arrangements can and do medically underwrite not only the initial rate offer but future rates adjustments based on the health risks on your plan, these plans will be very sensitive to the amount of claims your plan will pay during the year. Certainly groups with healthier claim experience will be able to maintain this strategy as an option for longer periods.

Becoming part of a larger group – another way to avoid the possible negative impact of Adjusted Community Rating is to have your eligible employee population exceed 100 lives. Collier County medical practices have a ready-made solution in this regard via the CCMS “MEWA” (health plan co-op). The MEWA Trust allows otherwise unaffiliated employers to come together and create a single, large group health plan to make the plan more predictable, and enjoy large employer-like benefits, all while avoiding the risk associated with alternative funding strategies more typically designed and used for larger employers. Too, the MEWA has, through some unusual design features, proven itself to be “rate stable” for almost 30 years now.

In conclusion, 2016 promises to be another year of volatility in the health insurance marketplace as the definition of a “small employer” is standardized for the entire country. It is recommended that you begin understanding how this change will impact you as an employer as well as your employees and put in place a strategy that will allow you to offer the most competitive, financially sound medical plan offering to your employees using a strategy that is sustainable for the long term ultimately making you an employer of choice. Do not overlook the opportunity to understand your options in 2015 as part of your annual renewal process, as waiting until 2016 to complete your research may prove to be too little too late!

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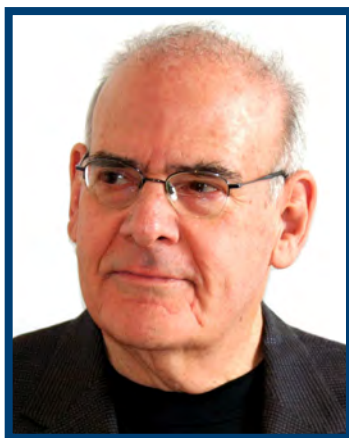
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Biology of Depression Treatment Implications

D.A. Deutschman MD, DLF APA



Advances in neuroscience in the last 15 years have focused on the role of cells in the Hippocampus and their mitotic rate. Neurons in the Hippocampus must replicate at a significant rate to maintain our emotional health. Stress can reduce this replication rate and lead to depression and anxiety. When any of our treatments are

effective this improvement is preceded by an increase in the replication rate of the cells in the Hippocampus! ECT and Cognitive/Behavioral Therapy also appear to signal their positive effect by an increased rate of replication of these cells!

The genetic endowment that leads to depression is unclear. Five “candidate” genes play a role in the depressive phenotype. No true “pedigrees” have emerged. It appears that multiple genes with variable intensity e.g. gene “copy number” are responsible. The Serotonin Transporter Gene is among them.

Some patients have an intense genetic predisposition to depression; they are depressed from their earliest memory in spite of no discernible stress. Other patients don’t become depressed even when faced with repeated, horrific stresses.

The most recent genetic development is reported in *The American Journal of Psychiatry*, April 2015, regarding the gene ABCB1. Those with two copies of the common variant G/G respond better and have fewer side effects with escitalopram and sertraline. In contrast, those with the minor variant T/T respond better and have fewer side effects with venlafaxine.

The utility of the emerging science:

Depression runs in families. A patient’s first degree relatives e.g. siblings, children, parents, share half their genome. Anxiety tracks with depression and may be part of the same genetic spectrum. I ask about depression and anxiety in the family. This information can yield valuable data to guide treatment. Antidepressants are very effective in reversing anxiety disorders.

Research take-aways:

Tricyclics as a class (the oldest agents [1955]) improve

the largest percentage of patients but with the greatest burden of side effects. They have cardiac, anticholinergic and histaminic effects, among others. The demethylated versions of Amitriptyline and Imipramine (Nortriptyline and Desipramine) have these side effects, but to a lesser degree. Males respond better to Tricyclics than SSRIs (Selective Serotonin Reuptake Inhibitors). In spite of this, I always start both genders with SSRIs because of the side effect burden of Tricyclics.

The three Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs) are Paroxetine, Venlafaxine and Duloxetine. They are no more effective than the SSRIs but do have a greater burden of side effects, e.g. weight gain, sweating and sexual side effects. In addition, though not addicting, they can have “discontinuation” effects. Abrupt cessation can cause flu-like symptoms for days or weeks. Titration off these dual action agents can take two to six weeks.

Mirtazapine is chemically unique. It is a noradrenergic and specific serotonergic antidepressant. It promotes sleep and appetite and can be responsible for a weight gain of as much as 75lbs in 3 months! Its side effect profile makes it particularly useful in older patients with insomnia and anorexia. Its weight gain side effect limits its use in younger patients.

Depression treatment take-aways:

- 1) Screen the patient for Bipolar Disorder.
 - a. A history of periods of excitement, extra energy and decreased need for sleep are suggestive. Giving an antidepressant to a bipolar patient without first starting an anti-manic agent can worsen the subsequent course of the bipolar illness!
- 2) Choose the initial agent thoughtfully.
 - a. Has anything helped in the past? Premature discontinuation of an effective agent is the single biggest problem in keeping our patients well. If something worked before; try it again.
 - b. Has something helped a first-degree relative? If so, try it next.
- 3) Critiquing the previous titration.
 - a. Was the titration appropriate?
 - i. Did it start low enough? See table.
 - ii. Was it applied long enough? See table.
 - b. If the titration was appropriate, switch to a different agent, SSRI or SNRI
 - c. If weight gain or sexual side effects have become a problem
 - i. add Bupropion

- ii. if no improvement, switch to Bupropion alone; Bupropion manipulates Norepinephrine and Dopamine (not Serotonin)
- 4) If there is some improvement but not enough, ask:
- a. Is the dose high enough?
 - b. Has it been applied long enough? Consider adding Bupropion to the initial agent

The biggest problem with using Bupropion is inadequate dose. If the patient is negative for a history of seizures, be prepared to titrate gradually to 450mg/d.

Once your patient has responded, don't be quick to cut the dose. Some patients need the full dose to which they responded for years! We haven't changed their genetic endowment, just its clinical expression. If your patient has had previous episodes, severe episodes, suicidality with episodes, significant family history of depression or anxiety, maintain the full dose for a minimum of three to five years. Each time the patient has a minor setback during the maintenance phase, consider extending the maintenance period.

Antidepressant Titration Guide

Generic Name	Trade Name	One Week	Four Weeks	Four Weeks	Four Weeks	Neurotransmitter type
Fluoxetine	Prozac	10mg/d	20mg/d	40mg/d	60mg/d	SSRI
Sertraline	Zoloft	25mg/d	50mg/d	100mg/d	150mg/d	SSRI
Citalopram	Celexa	10mg/d	20mg/d	40mg/d	60mg/d**	SSRI
Escitalopram	Lexapro	5mg/d	10mg/d	20mg/d	30mg/d	SSRI
Paroxetine	Paxil	10mg/d	20mg/d	40mg/d	60mg/d	SNRI
Venlafaxine	Effexor	75mg/d	150mg/d	225mg/d	300mg/d	SNRI
Duloxetine	Cymbalta	30	60	90	90	SNRI
Bupropion*	Wellbutrin	75mg/d	150mg/d	300mg/d	450mg/d	DNRI***

*Screen for seizure history **QT prolongation in elderly women above 40mg/day

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