



THE FORUM

July/August 2012 ♦ Volume 11, No. 4 **THE OFFICIAL MAGAZINE OF THE COLLIER COUNTY MEDICAL SOCIETY**

More Than Medicine

How One Pharmacy Contributes to the Needs of Your Patients

BEFORE YOU LEAVE
STEPS FOR A SMOOTH DEPARTURE

ARE YOU READY?
HIPAA AUDIT REVIEW

DOH REPORT:
Hurricane Shelters for Elderly Patients

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Urology, Pelvic Medicine,
Reconstructive Surgery
Naples Urology Associates
3291 Woods Edge Parkway, 1st Floor
Bonita Springs, FL 34134
435-8565 fax: 434-8569
Board Certified: Urology



WILLIAM J. FORD, M.D.

Neuro Radiology
NCH Department of Radiology
350 7th Street N., Naples, FL 34102
436-5015 fax: 436-5319
Board Certified: Radiology & Neuro
Radiology



A. PARKHILL HAND, M.D.

Radiology
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Board Certified: Diagnostic Radiology



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Naples Surgical Associates
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Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

CCMS MEMBER NEWS

Craig Eichler, M.D. was honored at the annual FSDDS meeting held in Orlando May 26-28th as a recipient of the Florida Society of Dermatology and Dermatologic Surgery 2012 Practitioner of the Year Award. Created in 1973, this award is presented each year to an FSDDS member who exhibits a long-standing commitment to the highest quality in patient care and leadership in the practice of dermatology.

Jonathan Frantz, M.D. is pleased to announce that he is the first surgeon in Southwest Florida to offer cataract eye surgery with Alcon's LenSx Laser, a bladeless, computer controlled laser procedure.

David Greene, M.D., FACS, located at 1112 Goodlette Road N., Ste. 203, Naples, FL 34102 now offers these services: Ear, Nose & Throat, Facial Plastic & Reconstructive Surgery, Nasal and Sinus Surgery (Rhinology), ENT Allergy and Audiology (hearing testing and hearing aids). www.davidgreenemd.com

A newly published surgical textbook features a chapter contributed by Bonita Springs ophthalmic Plastic Surgeon, **Nadia Kazim, M.D.** The textbook, "Smith and Nesi's Ophthalmic Plastic and Reconstructive Surgery, Third Edition" features Dr. Kazim as the first author of the chapter entitled "Complications of Blepharoplasty."

Jerry Kumin, M.D. has become an instructor in Wellness, Preventive Health and Natural Healing at the Renaissance Academy division of FGCU. He provides complimentary advice based on studies reported with animals and clinical trials and does not practice medicine.

WHAT DO YOU WANT TO KNOW?

Help us make this magazine more valuable!

Send your topic ideas and letters to the editor or e-mail comments to Dr. Richard Pagliara at rpagliara@hotmail.com.

MEMBERS IN THE NEWS



The May edition of *Gulfshore Life* listed the Castle Connolly "Top Doctors in Southwest Florida."

Congratulations to our members who were featured in the article.

SAVE the DATE

CRAPS ♥ ROULETTE ♦ BLACK JACK
♣ SLOTS ♦ TEXAS HOLD 'EM

An Evening in

Monte Carlo

Saturday
September 29, 2012
6:30pm
Naples Yacht Club

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PRESIDENT'S MESSAGE THOUGHTS ON HEALTHCARE REFORM

by Rolando Rivera, M.D., President,
Collier County Medical Society



Without a doubt history has been made with the Supreme Court's decision to uphold President Obama's landmark healthcare law. This could potentially extend coverage to about 30 million Americans by encouraging the creation of state-run insurance exchanges.

However, many questions remain as to how this law will impact the business of medicine. Doctors will certainly see the repercussions of the bill firsthand as Medicare reimbursements are projected to drop and there will be an inevitable increase in the Medicaid population.

In early July, we sent an e-mail to CCMS members with a letter from **Dr. Paige Kreegel**, a Republican in the Florida House of Representatives. Dr. Kreegel is currently campaigning to become a member of the US Congress and is passionate about healthcare law. He was the guest speaker at my installation in May and I find him to be a valuable asset to our industry.

In his letter, Dr. Kreegel states:

While there are some beneficial aspects to this legislation, such as allowing children to stay on their parent's policies for longer periods of time, thousands of pages of regulations, dozens of new boards, agencies and regulatory bodies, mandates on individuals and businesses, higher taxes, and fewer choices will do nothing to improve the quality and affordability of care in this country.

As we enter the political season, your Medical Society will be sharing information about candidates that support physicians in Florida. We feel it is important to have a physician in Congress who shares our concerns and can protect our rights.

We encourage you to join the discussion by sending us your letters and stories regarding your impression of this new law and how it may create obstacles or opportunities for you or your patients.

E-mail your thoughts to **info@ccmsonline.org** and we will include your feedback anonymously with other members.

We also invite you to help us advocate our position more effectively by making a contribution to the CCMS PAC fund.

NEWS FROM THE ALLIANCE SCHOLARSHIP RECIPIENTS

The CCMSA scholarship committee has awarded the following high school students \$10,000 from the Dr. Ethel Trygstad Scholarship fund:

Alexander Bernard
Gary Hardy
Courtney Kramer
Cody Lowe
Ruby Mendez

Adam Pan
Daniela Salazar
Adell Walters
Christine Whitehead

and the following college student recipients:

Catherine Eble
Josh Patton
Yulina Moreno

I would like to personally thank **Judy Sullivan** as my mentor throughout the time I have served as Chairperson, Dr. Rebecca Lambert for volunteering her office as location "pick up", Barb Rougraff for hosting our last meeting, and all the volunteers who have faithfully been a part of this committee, Beth Schultz, Veora Little, Kim Hochman, Dr. Lynn Byerly, Dr. Reisha Brown, and Melanie Kanar, and our newest members Mary Cross, Ann Anderson, and Dr. Jamie Weaver.

Without your dedication I could not have done this. Thank you for all your support.

Michele Petrites
Scholarship Chairwoman
2006-2012

CALENDAR OF EVENTS

Register for these events at (239) 435-7727 or info@ccmsonline.org

THURSDAY, JULY 19, 2012

Wine tasting and food pairing

6:00pm-7:30pm

Ridgway Bar and Grill

1300 3rd Street S., Naples, FL 34012

Sponsor: First Citizens Bank

FRIDAY, AUGUST 10, 2012

Social Event

6:30pm-8:30pm

Collier County Medical Society and Alliance
with Lee County Medical Society and Alliance

Bass Pro Shops

10040 Gulf Center Drive, Ft. Myers, FL 33913

FRIDAY, AUGUST 24, 2012

Women's Physician Luncheon

12:00pm-1:30pm

Seasons 52 (next to Mercato Center)

8930 Tamiami Trail N., Naples, FL 34108

THURSDAY, SEPTEMBER 6, 2012
"The Future of Health Care in America"

6:30pm-8:30pm

Speaker: Jonathan Fleece, co-author of
"The New Health Age"

Gordon's on the River

475 North Street, Naples, FL 34104

Sponsor: Markham, Norton, Mosteller and Wright



CCMS Circle of Friends program is open to businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by CCMS for their outstanding services and products.

CCMS Circle of Friends



LOCAL PHARMACY DOES MORE THAN FILL ORDERS

by Monica Wurstle

Sunshine Pharmacy LLC was formed in 1999 with one goal in mind – to help people. Del Parrish, RPh, is founder of Sunshine Pharmacy Medical and Respiratory and is as committed to providing the highest level and quality products and services today to all people regardless of circumstances as he was more than 13 years ago.

“When we looked at our competition in 1999, we felt that they were not fully addressing the needs of all of our local residents and we made the commitment that we would always be a pharmacy that would care for the needs of people regardless of ability to pay. Our work with **PLAN** and other community outreach and health initiatives has allowed us to grow in a meaningful way not just growth of the bottom line,” said Parrish. “I believe both are important to the long-term success of our business.”

Throughout the years, Sunshine has serviced **Avow Hospice, Naples Zoo, 1-800 Pet Med, Walt Disney World**, numerous physicians, specialists, oncologists, area hospitals as well as hospices from other states.

Parrish adds, “We have been a provider of choice when it comes to compounding because of our expertise and in many cases, because other pharmacies did not want to provide the services for low income or the indigent.”

According to Parrish, Sunshine Pharmacy was recently selected to be the only distributor of a life saving pain medicine when all other competitors refused to carry due to the enormous amount of paperwork necessary to provide and carry the product.

“It is what makes a local pharmacy different and, dare I say, better than the chain stores we’ve all come to know,” Parrish said. “We do it because it is the right thing to do for our patients, our physicians, our referral sources no matter how hard it may be.”

Parrish also is quite proud of the fact that Sunshine Pharmacy continues to offer more services than any local pharmacy in Southwest Florida and that the revenue generated goes back into supporting the local economy -- in restaurants, gas stations, rent, grocery stores, property taxes, and other necessities of daily living.

“While we are all that is left of a true local neighborhood pharmacy, our role is to work in partnership with providers and serve as an integral part of the health care continuum.”

As chain stores continue to dominate the marketplace, Sunshine has remained equally competitive offering the same popular generics in 90 day supplies for \$10 and also a 30 day-supply for \$4 program. What Sunshine offers that doesn’t come from a big brand chain is the local community-friendly, neighborhood pharmacy approach. To this day, Sunshine continues to offer free home delivery of prescriptions, home medical equipment and also free mailing of prescriptions to out of state guests.

“Lately we have been pushing the envelope and getting into businesses that are not routinely pharmacy but with the intent of providing another convenient alternative for patients,” Parrish said. “We now offer both Clozaril and Coumadin INR clinics where we can manage your patient’s levels and drug supply. We are the primary vendor for Home Medical at both Naples Community Hospital and North Collier Hospital and also service 18 long term care facilities and provide full consultation to 34 health related businesses.”

Sunshine Pharmacy, Medical and Respiratory is a shining example of how a local pharmacy can remain competitive while staying true to their mission of service, quality and care.





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The Doctors Company is exclusively endorsed by the Collier County Medical Society. To learn more about our benefits for CCMS members, call our Jacksonville office at (800) 741-3742 or visit www.thedoctors.com/fpic.

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HIPAA COMPLIANCE AUDITS: ARE YOU READY?

by Robert S. Forman, Esquire, of Henderson, Franklin, Starnes & Holt, P.A.



The Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) requires the United States Department of Health and Human Services (“DHHS”) conduct audits of covered entities and business associates to assess their compliance with HIPAA’s privacy and security requirements.

The Office for Civil Rights (“OCR”) of the DHHS has launched a multi-staged pilot program. The OCR’s first phase developed audit procedures; the second phase involves a limited number of audits, which started in November of 2011 to revise the procedures; and the third phase involves a larger number of audits using the revised procedures. The OCR expects the third phase of the audit program to begin in May of 2012. The OCR expects to complete up to 150 audits under this pilot program by December 2012.

Will My Organization Be Audited?

The OCR intends to audit a wide range of covered entities, including medical providers of all sizes. Thus physician groups are subject to the OCR’s audit program.

How does the Audit Program Work?

The OCR will notify covered entities in writing of their selection for audit, and will request a list of documents and information relating to the covered entity’s HIPAA compliance. The notification will occur between 30 to 90 days before the commencement of the audit. Every audit in the pilot program will include an on-site visit (of between 3 to 10 business days), during which the auditors will interview key personnel and observe processes and operations to help determine compliance.

Following the on-site visit, the auditors will prepare a draft report and provide the report with the entity. The entity will have an opportunity to discuss the issues identified in the audit. The auditors’ final report to the OCR will incorporate the entity’s corrective steps and any additional steps identified.

What is the Anticipated Audit Timeline for an Audit?

The OCR will be requesting entities to provide information within 10 business days after receiving the initial request for information. The entity will have 10 business days to provide a written response after receiving the auditor’s draft report. The OCR will expect the auditors final audit report to OCR within 30 days after the auditors receive the entity’s written response.

What Will Happen After An Audit?

The OCR views these audits as a compliance improvement activity to assist the OCR to understand entities’ compliance efforts and to develop future technical assistance. If, however, an audit report identifies a serious compliance issue, the OCR may initiate a compliance review to address the problem.

Steps You Can Take Now to Prepare

Physician and other medical services providers should monitor and update as appropriate, the policies, procedures, and other documentation that describe their HIPAA compliance efforts. For example, the OCR auditors may request the following items:

- Name and title of the entity’s privacy official, security official, and contact person(s);
- Names and title of the employees authorized to access the covered entity’s protected health information (“PHI”);
- The entity’s notice of privacy practices;
- HIPAA policies and procedures manuals;
- Documentation of HIPAA complaints filed with the entity; the plan’s investigations of the complaints, and the resolutions of the complaints, including action taken in response to the complaints;
- Copies of all business associate agreements; and
- HIPAA training programs & attendance records for programs.

The above list is not exhaustive, however. Auditors may request a range of documents, items and information. Although the audit program is random, it is nonetheless advisable for any cautious physician group or organization to review its HIPAA compliance procedures and information, and take any appropriate corrective action or implement any appropriate documentation prior to a notification of an OCR HIPAA audit.

The contents of this article do not constitute legal advice, nor do they create an attorney-client relationship. Should you have any legal questions you should consult with your attorney. The hiring of a lawyer is an important decision that should not be based solely upon advertisements. Before you decide, ask us to send you free written information about our qualifications and experience. Mr. Forman can be reached at 239.344.1239 or at robert.forman@henlaw.com.

This article was originally published in the April/May 2012 issue of Medical Exchange Magazine.

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James Lim, M.D.

Residency: Diagnostic
Radiology, University
of Oklahoma Health
Sciences Center, 1988

Fellowship:
Neuroradiology,
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Collier County Medical Society

2011/12

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

PRESIDENTIAL REPORT FROM DR. D. SCOTT MADWAR



DEAR MEMBER:

It was both a pleasure and an honor to have been the Collier County Medical Society President. In an ideal world, your CCMS president would be a combination of Sir William Osler and Abraham Lincoln. While I find inspiration in both, the practice of medicine is my true love and sadly, politics is rarely more than an encumbrance.

However, in seeking a direction for the single year of term I did find inspiration in these three famous quotes from Dr. Osler:

One of the first duties of the physician is to educate the masses not to take medicine.

That our profession, above all, must serve to educate our community and ourselves. We must avoid the long slide into complacency and commercialism and to remain resolute to the commitment of advancing the health of Collier County.

Live neither in the past nor in the future but let each day's work absorb your entire energies, and satisfy your widest ambition.

Many of us lament the loss of the past privileges and lament change likely to come. Medical care is destined to change and the past is not coming back. I would strongly encourage everyone to pick up "The Creative Destruction of Medicine" by Eric Topol, M.D.

The way we presently deliver medical care is a dinosaur. It is based on population-based medicine and fear of litigation. The human genome will be the map that we use to chart the future of medicine. Our colleagues in oncology are already targeting therapeutics based entirely on the ability of a specific chemotherapeutic agent to act upon specific genes expressed by neoplasms.

The human genome will serve to unlock the dilemma of providing statins for everyone or withholding PSA testing from all. When a governing body determines "Best Medical Practices" exclusively based on "Cost per year of life saved" the entire caregiving experience will evaporate.

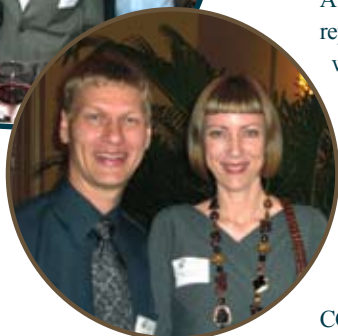
The greater the ignorance, the greater the dogmatism.

Don't be surprised at the inevitability of change to act as a polarizing force in your patients and peers. Hospitals are the "bricks and mortar" of medical care in our community. Although grand, they have a duty to anticipate coming changes and make decision that will represent "proper positioning" in five years, ten years and beyond. This requires a "crystal ball" that few of us will ever see or appreciate. Certainly, many decisions made will be unpopular. Furthermore, the right choices will gather very little attention at the time that they are made.

A yearlong physical exam on the delivery of care and education to the underinsured in Collier County represented my focus for the term. Only able to scratch the surface, I did have the opportunity to work with some truly inspired individuals, but missed some very notable others. I found the experience provoking, and applaud those dedicated to advocate for others entirely unable to advocate for themselves.

Sincerely,

David Scott Madwar, MD
CCMS President 2011/2012





The CCMS Political Action Committee (PAC) Report

During the build up to the 2012 general election year, your PAC Board invited Paige Kreegel, M.D., candidate for Congressional district 19, to be a guest speaker at the CCMS Annual meeting. Fund raising events for Dr. Kreegal and Kathleen Passidomo were also attended. We will continue to support candidates who have a proven track record of being physician friendly.

Dr. Max Kamerman, CCMS PAC Treasurer, reports that the PAC ended the fiscal year with a balance of **\$10,200**. Funds to support primary elections were distributed to:

Kathleen Passidomo	Jim Coletta
Matt Hudson	Elanor Sobel
Jim Norman	Joe Negron
Cord Byrd	Jim Thrasher

PAC COMMITTEE

Dr. Rolando Rivera, Chair; Dr. Max Kamerman, Treasurer;
Dr. Joe Gauta, Dr. Rafael Haciski, Dr. Mitch Zeitler, and Margaret Eadington

INCOME, Fiscal Year Ending March 31, 2012

Dues	\$196,200
Publications	\$80,504
Members events	\$61,947
Total Income	\$338,651

EXPENSES, Fiscal Year Ending March 31, 2012

Salary/benefits	\$165,826
Office expenses	\$29,041
Member events	\$43,900
Travel and meetings	\$23,380
Publications	\$46,955
Rent/electric	\$15,740
Phone	\$5,175
Total Expenses	\$330,017

Net income after expenses \$8,634

MEMBERSHIP COMPARISON

2009: 515
2010: 529
2011: 541
2012: 520

Annual Highlights

- Reached out to members encouraging medical philanthropy through volunteering for our clinics that serve indigent patients.
- Presented a CME meeting providing essential information on the new 2011 drug prescribing laws and how to stay compliant.
- Worked closely with Drug Free Collier to combat prescription drug abuse and liaised with law enforcement in the fight to keep “pill mills” out of the county.
- Actively researched Health Information Exchange programs that would serve the needs of our members in large and small practices and formed an HIE Governance committee.
- Arranged a presentation for members at Arthrex giving them insight and a hands on opportunity to experience new technology.
- Stayed active in the ongoing debate on Emergency Medical Services through providing a speaker from the first class EMS department in Seattle.
- A successful summer series of “After 5” Social events held at local restaurants, and networking events held with the Chamber of Commerce.



Thank you to the following doctors that participated in these committees during the last year

HEALTH INFORMATION EXCHANGE COMMITTEE

Dr. Richard Pagliara, Chair
Dr. James Talano
Dr. Rafael Haciski
Dr. Cesar DeLeon
Dr. Alex Perez-Trepichio

NOMINATING COMMITTEE

Dr. Joseph Gauta, Dr. James Talano
Dr. Brett Stanaland, Dr. Mitchell Zeitler,
Dr. Richard Pagliara

MEMBERSHIP COMMITTEE

Dr. Rafael Haciski
Dr. Caroline Cederquist
Dr. Karen Henrichsen

New Members

Arturo Balandra, M.D.
Maria Becka, D.O.
Milica Betz, M.D.
Jerome Bobruff, M.D.
George Crabb, D.O.
Daniel Deutschman, M.D.
Christian Ellis, M.D.
Eric Eskioglu, M.D.
Mary Foley, D.O.
Scott Fuchs, D.O.
Roya Ghadimi, M.D.
Aleksandra Granath, M.D., Ph.D.
Aldo Guevara Gonzalez, M.D.
Marc Guttman, D.O.

James Hadley, M.D.
Juan Hernandez, M.D.
Jeannie Hilton, M.D.
Malia Jackson, M.D.
Mark Josephson, M.D.
Richard Juda, M.D.
Jackie Kawiecki, M.D.
Timothy Kerwin, M.D.
Vijay Konda, M.D.
Lewis MacDonald, M.D.
Paul Makhlof, M.D.
Brian Mason, M.D.
Jeffrey Panozzo, D.O.
Carlos Portu, M.D.

Francisco Quiles-Cruz, M.D.
Ralph Rodriguez, M.D.
Rhena Ruiz-Novero, M.D.
Rebecca Smith, M.D.
Adolfo Soto, M.D.
Craig Sweet, M.D.
Mario Trance, M.D.
Joji Urlanda, M.D.
Maria Valdes, M.D.
Maria Vargas, M.D.
Paul Vieta, Jr. M.D.
Daniel Wasserman, M.D.
Charina Yango-Cadavos, M.D.
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**Todd D. Bethel, M.D. &
Cesar R. DeLeon, D.O.**

CCMS Alliance President
Wendy Grossman

This report was prepared by
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DOCTORS BEWARE OF DEPARTURE PROVISIONS

by Jeffrey L. Cohen, The Florida Healthcare Law Firm

Super groups are in vogue as physicians do their best to reduce costs and enhance revenues. A “super group” is essentially a collection of previously separate competitors who have joined a single legal entity in order to achieve certain advantages. Those advantages tend to be **(1) reducing overhead expense associated with economies of scale. Buying insurance for a group of 100 doctors should be far less expensive per doctor than a group of three doctors; (2) gaining leverage in managed care contracting. 20 groups of five physicians each cannot contract with a payer with “one voice” due to the antitrust restrictions, but a single group of 100 doctors can; and (3) finding new revenue sources. Small groups and solo practices cannot afford revenue producing services like surgery centers, imaging services and such.** When practices combine, they have a greater patient base, which makes the development of new revenue sources feasible.

Physicians join super groups with terrific promise and hope. They are clearly a good idea, especially if they have solid operations. That said, physicians who rush to form them rarely consider the risks associated with a physician departing the group. They need to!

When a doctor joins a super group, she stops billing through her old practice (the “P.A.”) and starts billing through a new group (the “LLC”). The LLC has a tax ID number and a Medicare group number. And the LLC enters into lots of managed care payer agreements. Simply put, the doctor puts all of her eggs in the LLC basket. So what’s the risk?

When physicians depart super groups, they have to confront difficult facts, like:

1. It will take months to get a new Medicare provider number. If they haven’t billed through their “old entity” for a while, that number is gone. And getting a new number for the departing physician takes time, during which revenues associated with Medicare patients are lost (until the number is obtained);
2. It takes even longer to get on insurance plans. If the LLC is contracted (they usually are), how long will it take to get the P.A. fired back up? It can take as long as six months (and sometimes even more)? That means the departed doctor is out of network with all the plans! This exposes her patients to higher costs and may affect referral patterns. This alone can be crippling to a physician who has left the super group.
3. Leaving can also mean ending access to patient scheduling and electronic medical records. Many super groups do not ensure

access to patient scheduling or billing to enable a departing physician to get back on their feet; and this can be devastating.

4. Noncompetes can play a big role in how a departing physician gets back on her feet. Ideally she will know that being solo is not as good as being part of a larger practice. But what if the super group imposes a restriction on the departing physician that prevents her from being part of another group? This is common and often very harmful, since some physicians who depart super groups have no effective options but to join other groups.

Super groups exist to benefit physicians.

It makes no sense that they would be used to harm them, which is precisely what can happen (and sometimes does happen) if physicians do not pay good attention to the “back end” as well as they do to the “front.” That means things like

1. Making sure that, wherever possible, the departing physician is afforded enough time to get back on her feet professionally. She will need time to get a new practice formed, to get a new Medicare provider number and to get back on insurance plans;
2. Ensuring the departing physician has adequate access to medical and scheduling records;
3. Carefully considering whether or not noncompetes make any sense. Some may say that it is important to protect the new practice (like the old one), but these are different sorts of practices. They are not built from the ground up. They are built because successful competitors who have been in business for years decided essentially to “loan” their practices to the super group in order to obtain certain unique advantages.

Super group arrangements continue to grow. Some of them even develop into fully integrated and sophisticated businesses. Physicians who join them have to consider all “angles,” not just how good it will be or can be when they join.

With over 25 years of healthcare law experience following his experience as legal counsel for the Florida Medical Association, Mr. Cohen is board certified by The Florida Bar as a specialist in healthcare law. Mr. Cohen’s practice immerses him in regulatory, contract, corporate, compliance and employment related matters, including representing many physicians, medical staffs and physician groups. As Founder of The Florida Healthcare Law Firm, he has distinguished himself and his firm for providing legal services with the right pricing, responsiveness and ethics. Online www.floridahealthcarelawfirm.com toll free at 888-455-7702.

NEWS FROM THE HEALTH DEPARTMENT

PROTECTING VULNERABLE PATIENTS DURING HURRICANE SEASON

*by Stephanie Vick, M.S., B.S.N., RN, Executive CHN Director/Family and Personal Health Director,
Collier County Health Department*

Hurricane season brings a multitude of issues to the forefront for some of our most vulnerable citizens. Elderly individuals and people with disabilities face the possibility of evacuation from their homes just like any other citizen who may live near the water, in flood-prone areas, or in wind-prone structures such as mobile and manufactured homes.

The most at risk of our population may have needs well beyond the average citizen. Particular challenges include the need for regular dialysis, home oxygen support, complicated medication routines and assistance with activities of daily living. Even the frail elderly who do well at home normally with a friend or neighbor who checks on them may not survive a week without electricity, air conditioning and water.

Collier County Emergency Management and the Collier County Health Department provide and manage a Special Needs Shelter during events that require mass evacuation. The shelter arrangement is very basic and is not intended to provide skilled nursing care, life support or other services that may require nursing home or hospital level care.

While the Special Needs Shelter resource exists, it is limited. Patients should be encouraged to first pursue evacuation plans with family, friends, neighbors or church support organizations. The Special Needs Shelter should be a last resort option.

Should you have patients that have no other option, instruct them to access the online registration form to mail in for the Special Needs Program through the Collier County Government website (www.colliergov.net/Index.aspx?page=1844) or the individual may call Emergency Management at (239) 252-3600 to request a paper application.

While completing the registration, individuals will be given information about items to prepare to take along to the shelter including provisions such as: oxygen concentrators, drinking water, food, medications, bedding, personal hygiene items and any other essentials that are required for survival and basic comfort.

Your patients should be informed and understand that not every event will require evacuation for every location or structure (e.g. condos, apartments, homes will not always be evacuated). Even though an area is not evacuated, there may still be loss of power or water supply.

Individuals should be prepared for these situations in the event that the choice is made to shelter at home. Patients should also understand that evacuations are recommended and occur well ahead of any expected hazardous condition.

Therefore, when planning medication and oxygen supplies, individuals should plan for extra needs prior to the event as well as after the event. You can assist your patients in being sure all necessary supplies and medications are obtained by reviewing and renewing necessary prescriptions regularly.

Electronic lists of medications that the patient currently takes are very useful tools for patients to keep with them in the event that an emergency situation occurs. If your patient has a Living Will or DNR paperwork, make sure that the individual knows that an original is required in order to be followed. You can help to make sure that each of your patients with Special Needs is prepared and remains as stable as possible during hazardous weather situations. We thank you for being an important link to assuring the safety of your patients.



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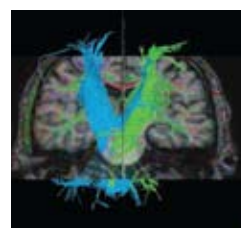
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