

Desoto County



Punta Gorda

Glades County

THE FORUM

March/April 2015 • Volume 14, No. 2 • The Official Magazine of Collier County Medical Society

Charlotte County

Moore Haven

Lee County

La Belle

Becoming a Blue Zones Community

Fort Myers

Hendry County

Brow

Naples

Collier County

In this issue:

Rare, But Still Out There! – TB & Measles

Member Benefits Spotlight

Community Service Corner – Lighthouse of Collier

CALENDAR OF EVENTS

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

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

Thursday, April 9, 5:30pm
CCMS After 5 Social
TAPS at Mercato

Thursday, April 23, 5:30pm
Dermatology Symposium
Hilton Naples

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, June 27, 8:00am
CCMS Educational Conference
Avow Hospice

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

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 fmedical.org, and to pay your AMA dues go to ama-assn.org.

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CCMS Physician Directory Notice

Be sure to reserve your ad space for the 2015-16 Physician Directory by May 14th. The directory is a great way to reach the community - 10,000 copies are distributed each fall throughout the county. Visit ccmsonline.org or call our office for details. Members who have changes to their office information or new photos for the Directory, email your updates to info@ccmsonline.org by May 21st.

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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.

NEW MEMBERS


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Board Certified: Anesthesia & Pain Medicine


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Naples Women's Center, LLC
1726 Medical Blvd, Ste 101
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Phone: (239) 513-1992 Fax: (239) 513-9022
Specialty: Gynecology


Kiranjeet K. Gill, M.D.

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11181 Health Park Blvd, Ste 1115
Naples, FL 34110
Phone: (239) 594-9100 Fax: (239) 594-3054
Specialty: Plastic & Reconstructive Surgery


Kavitha R. Gudur, M.D.

Wellness Dimensions, LLC
400 8th St N
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Phone: (239) 649-3306 Fax: (239) 649-3393
Board Certified: Internal Medicine


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Specialty: Internal Medicine


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Board Certified: OB/GYN


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Ft. Myers, FL 33912
Phone: (239) 344-9786 Fax: (239) 344-9215
Board Certified: General Surgery


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801 Anchor Rode Dr, Ste 100
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Board Certified: Dermatology,
Internal Medicine


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350 7th St N
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Board Certified: Internal Medicine
Specialty: Hospitalist


Moses K. Shieh, D.O.

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6150 Diamond Centre #1300
Ft. Myers, FL 33912
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Board Certified: General Surgery

Reinstated
Robert C. McGann, M.D.

Naples Urgent Care
1713 SW Health Pkwy, Ste. 1, Naples, FL 34109
Phone: (239) 597-8000 Fax: (239) 597-8095
Board Certified: Surgery-General

Donald D. Newman, M.D.

Millennium Physician Group
11181 Health Park Blvd, Ste. 3000, Naples, FL 34110
Phone: (239) 430-5550 Fax: (239) 430-5559
Board Certified: Family Medicine

MEMBER NEWS

Newly Retired:

Hope M. Chema, M.D., Family Medicine

Practice Relocations:

George Corrent, M.D., Ophthalmology

Frantz EyeCare
2100 Tamiami Trail N, Naples, FL 34102
Phone: (239) 430-3939 Fax: (239) 274-0388

Kelly Fontana, M.D., Internal Medicine

Rebecca Ruiz-Novero, M.D., Family Medicine

Coastal Physician Care
90 Cypress Way E, Ste 10, Naples, FL 34110
Phone: (239) 597-0143 Fax: (239) 597-0338

C. Todd Vedder, M.D., Pediatrics

Healthcare Network of Southwest Florida
1265 Creekside Pkwy #208, Naples, FL 34102
Phone: (239) 658-3000 Fax: (239) 591-4393

Updated Contact Information:

Specialists in Urology - New phone number (239) 333-3200 for:
Dr. Rolando Rivera, Dr. Jonathan Jay, Dr. David Wilkinson, Dr.
Alexandre Rosen, and Dr. B. Barkley Storey.

Revised fax number:

F. Desmond Hussey, III M.D.

Neuroscience and Spine Associates
Fax: (239) 649-7473



A Message from the President

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

The Anti-Vaxxer's Movement

First let's go to the numbers. The risk of serious complications with the diseases the MMR and DTaP vaccines can prevent are much higher than the risk of complications with the vaccines themselves.

It is now apparent to many of us who are following the

current infectious disease mini-crisis that these disease outbreaks are occurring in geographical clusters, and this is where the community and of course the individual risk rises. As physicians we understand that opting out of the vaccine weakens the herd immunity leading to outbreaks in those most susceptible: the elderly, the infirmed, the immunocompromised and the infants too young to be vaccinated.

Many believe that the anti-vaccination movement all stems from Wakefield's 1998 paper that linked vaccines to autism, but it goes farther back and deeper in conviction. The true diehards, the "anti-vaxxers", are the extremists and they are very few.

No amount of data or studies will convince them of the benefits of vaccinations. The bigger concern is the "anti-vaccinators" and although both groups include parents who want the best for their child, it is the second group, the non-extremists, which is growing in size and puts the community at risk.

The extreme anti-vaxxers are not growing in numbers so the risk they expose to the community can be absorbed and contained. The second group, anti-vaccinators, are the people from all walks of life, all political spectrums that may be delaying or are hesitant, accepting some vaccines and for the most part acting on misinformation. As this group grows in size we will not be able to contain the risk to the community.

Many in this group are intelligent, well educated, high-income families who cling to wrong information. There is even a name for it: the Dunning-Kruger effect, where one overestimates their skills in assessing studies. Parents with high incomes and education think they can do the research and come to conclusions completely at odds with researchers who spent years studying vaccines. So it's not that these parents are uniformed, as they can quote you study after study (they've done their "research"). The problem is that these studies don't really say what these groups think they say or are poorly conducted studies or have never been replicated or confirmed by other researchers.

While preparing for this article it became apparent that the only way to deal with both these groups is continued education, marching out those studies that the die-hards won't accept, but many of those who want more information before becoming entrenched will read or accept. They are not all stupid, uniformed, selfish-narcissists who think they are smarter than their doctors and trying to avoid autism (the autism concern has mostly died out). It is the idiosyncratic reactions, exposure to "toxins" that alarm the anti-vaccinators.

Anger and blogs trying to humiliate these groups is not the answer or the way to approach them. Since the Disneyland outbreak this approach has been plentiful. The more successful approach is to build confidence in vaccines. Validate concerns and educate on the science. Otherwise, we'll just drive people further away and into their communal anti-vaccine groups for protection, where they will feel protected and it will be even more difficult to inform. For the most part, hard core refusers won't budge, but as said earlier many anti-vaccinators are more likely hesitant and vaccinate their children with some vaccines--they pick and choose.

One method is to make it harder to exempt from the vaccine and easier to get the vaccine (although I don't know how much easier it can be) and show safety. Even some hard-core groups have changed but it took an outbreak to do it. In August 2013, there was a measles outbreak in the Eagle Mountain International Church in Newark, Texas. The pastor, Terri Pearsons was critical of vaccines due to the autism link and many members refused vaccinations. A member of the church traveled to Indonesia and brought back measles and it spread to even their daycare (21 total infected). Every case was someone who was not vaccinated. The Pastor reversed his stance and the church began hosting vaccination clinics. My guess is that they were educated the hard way.

Risk of Serious Complication in MMR Diseases: 1:20

Measles: (rates per infection)	Mumps:
Pneumonia: 60,000 per 1,000,000	Testicular atrophy: 140,000 per 1,000,000 males
Encephalitis: 1,000 per 1,000,000	Miscarriage: 250,000 per 1,000,000
Death: 2,000 per 1,000,000	Meningitis: 100,000, per 1,000,000
Rubella:	
Congenital Rubella Syndrome (7.4% risk factor for Autism): 250,000 per 1,000,000	

Complication rates of MMR vaccine:

Anaphylaxis 0.65-1.8 per 1,000,000

Risk of Serious Complication in DTaP Diseases:

Diphtheria:	Pertussis:
Death: 50,000 per 1,000,000	Pneumonia: 125,000 per 1,000,000
Tetanus:	Encephalitis: 50,000 per 1,000,000
Death: 200,000 per 1,000,000	Death: 650 per 1,000,000

Complication rates of DTaP vaccine:

Continuous crying, then full recovery: 1,000 per 1,000,000
 Convulsions or shock, then full recovery: 70 per 1,000,000
 Acute encephalopathy: 0-10.5 per 1,000,000
 Death: none proven



A'llawna is an extremely intelligent 9-year-old who battles with oppositional defiant disorder and ADD. When she was referred to the new Children's Community Action Team she was having violent outbursts, getting suspended and was kicked out of her after school program. Explosive arguments with her mother resulted in routine Crisis Unit admissions.

Through the program's family-centered intensive mentoring and treatment services, they received the comprehensive support necessary to overcome the loss of her beloved father and learned behavior modification and anger management skills. The team also got her into more challenging gifted classes.

Today her relationship with her mother has never been stronger and they are now savoring all the joys that childhood brings.

Her Mind is *Our* Concern.

Mental health is a community issue. *Fortunately, there's a community solution.*

A'llawna is among one in four in Collier County who suffer from a mental illness. One in nine 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 your patients need 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.



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Becoming a Blue Zones Community

Allen S. Weiss, MD, MBA, FACP, FACR, President and CEO, NCH Healthcare



Eighty percent of the factors which influence health are under our control. NCH, along with the help of community partners, is launching a major initiative that uses scientific research to help southwest Florida boost our well-being. It's called the Blue Zones Project® and it has been successfully implemented in 13 communities across the country. In every case there's been demonstrable progress in improving the well-being of participating communities.

Having physician leaders, organized medicine and the Collier County Medical Society engaged would also confirm a powerful message to the folks we all serve. Ultimately everyone will benefit as we prevent problems.

The Blue Zones Project is a community-wide initiative designed to make healthy choices easier. It encourages sustainable changes in our built environment and social networks, often suggesting policy changes involving worksites, schools, restaurants, grocery stores and neighborhoods.

By helping people live longer and better through behavior change, communities can lower healthcare costs, improve productivity, and enjoy a higher quality of life as they live, work, learn, worship and grow.



Blue Zones Project community kick-off event in Waterloo, Iowa.

The program is based on principles identified during an eight-year worldwide longevity study commissioned by National Geographic and detailed in the New York Times best-seller *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest*, by Dan Buettner. Basically, Buettner identified areas where people live measurably longer and in good health. They share common characteristics of longevity, and the secret lies not in diets or exercise but in creating the right surroundings and supporting social networks.

Well-being is a measure of a person's overall physical, social, and emotional health. The Gallup-Healthways Well-Being Index (WBI) is

the measurement tool of the effectiveness of the Blue Zones Project. Higher well-being leads to lower healthcare costs, higher productivity and increased economic vitality, and offers benefits for everyone.

The Well-Being Index is the first ever assessment of U. S. residents' health and well-being. By interviewing at least 500 U. S. adults every day, the WBI provides real time measurement and insights needed to improve health, increase productivity, and lower healthcare costs. Well-being is measured across populations, (organizations, cities, states, congressional districts and nationally) and consists of the average of six sub-indexes: Life Evaluation, Physical Health, Emotional Health, Healthy Behavior, Work Environment and Basic Access.

Important byproducts of improved well-being include a higher quality of life, lowered health care costs, and increased productivity for students, workers of all types, retirees, and everyone else.

To accomplish these lofty goals we have partnered with Gallop-Healthways who has had a team on the ground in southwest Florida assessing the situation. This ten member team started in the listening and observation mode with multiple focus groups, bike rides in the area, car trips around the community and all the time taking notes.

After gathering the data and transforming these facts into usable information the Blue Zones team will make preliminary suggestions. We as a community can pick areas to start. Then we together will agree on a time line, set milestones, and achieve goals. This process will be transformative over a decade. Everyone needs to be patient and not lose interest as good things take time as noted below.

Outcome goals include:

- Increased community awareness of the benefits of well-being.
- Engaged community and civic leaders across multiple sectors.
- Implemented policy changes which positively change our built environment.
- Initiated changes decreasing the use of tobacco and improved public food policies.
- Improved social connectedness.

Other like-minded communities have recorded impressive statistics to measure their successes. Here are some of them:

Beach Cities, CA: (2010-2013)

- 14% drop in obesity which translated to \$2.35M decrease in healthcare-related savings for businesses and residents.
- 30% decrease in smokers to 8%, the lowest in the nation, resulting in an estimated \$6.9M savings.
- 10% increase in exercise and healthy eating as citizens reported exercising at least 30 minutes three times per week plus eating five or more servings of fruits and vegetables per day.
- Fourteen schools started a Walking School Bus (WSB) Program in which one-third of the students now walk to school accompanied by a responsible adult. That resulted in about 11,000 miles walked, and the elimination of 15,000 car trips.
- One employer reported a drop over two years in workman's comp claims from \$360,000 to \$12,000 largely attributed to workforce wellness and safety.

Becoming a Blue Zones Community *(continued)*



Blue Zones Project bike audit in Naples.

Albert Lea, MN (2008-2011)

- 51% of large employers participated.
- 20% decrease in absenteeism.
- Grocery stores reported a 46% sales gain in 36 healthy foods.
- 3.2 year gain in average life expectancy.
- 2.8 pound average weight loss.
- 40% reduction in city workers' health care costs.
- Smoking rates decreased from 23% to 19%.

State of Iowa: (2012-Current)

- Well-Being Index for the entire state improved from 16th to 10th.
- Work environment index increased from 23rd to 4th.

- More than 150,000 Iowans statewide have pledged their support for Blue Zones Projects.
- 250+ Blue Zones designated organizations (worksite, restaurants, groceries, schools, etc.) have been created.
- Spencer, Iowa reported a 20% decrease in city workers' healthcare claims. Nearly half of city employees eliminated at least one of the risk factors for cardiovascular disease and diabetes.
- Spencer Hospital in Spencer, Iowa reported that insurance-paid claims increased by only 1.4% between 2011 and 2012 compared to a national trend upward of 7%. The hospital's average was 15% over the previous five years.
- Principal Financial in Mason City, Iowa had 90% of colleagues participate in health screenings with 40% having a reduction over two years in body mass index (a metric for weight reduction). Eighty percent are considered low risk now compared to only 65% in 2005. The company's participation in Blue Zones Project resulted in an estimated \$10M in avoided claims cost from 2009 to 2013.

Florida is ranked 32nd in the nation among the fifty states. Can southwest Florida lead Florida to the first quartile this decade?

"No one is as smart as all of us," goes an old adage. Let's start now to use our collective talents and resources to make southwest Florida the healthiest community in the nation.

Creating healthier, happier and more productive residents. That's the goal of the NCH Healthcare System and all of us as we transform from "repair shop mentality" to a change agents focused on prevention.

The Foundation of Collier County Medical Society presents

Docs & Duffers 2015

a 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 Bonita Bay Club Naples

Register at ccmsfoundation.org / call (239) 435-7727

Details

7:30 am
Registration

8:15 am
Shotgun Start / Scramble Format

12:30 pm
Lunch & Awards Ceremony

*Mulligans, Raffles,
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Golfer Fees

\$175/golfer & \$600/foursome
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Sponsorships

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april@ccmsonline.org / (239) 435-7727



Rare, But Still Out There!

Compiled by Gwen Griffis, BSN, RN & Ann O'Hara, MSN, RN, APHN-BC

Sources: Centers for Disease Control, FL CHARTS, National Center for Immunization & Respiratory Diseases

When was that last time you saw a case of tuberculosis (TB) or measles in your office? Most physicians have never had to identify and treat either one. However, these two rare diseases have been front and center in the media, locally and nationally. While clinically very different, both of these have the capability of causing a serious outbreak if not identified, isolated and treated in a timely manner.

Tuberculosis

The recent diagnosis of a local area high school student has brought back to the forefront our need for your continued help in reducing our local TB cases.

The Department of Health in Collier County (DOH-Collier) would like to thank our community health partners for your support in the progress our community has made in reducing the number of TB cases in Collier County over the past several years. Collier County had a TB case rate of 4.5 per 100,000 in 2013, compared to Florida's and the nation's case rates of 3.4 and 3.0 respectively. While TB rates are on the decline, we still have much work to do to further lower our local TB cases and prevent potential outbreaks.

We request your continued support by asking that you "Think TB" when you see the following classic symptoms, especially, but not exclusively, in our high risk populations:

- a bad cough that lasts 3 weeks or longer
- pain in the chest or shortness of breath
- coughing up blood or sputum
- weight loss
- weakness or fatigue
- no appetite
- chills
- fever
- sweating at night

Persons at high risk for developing TB disease fall into two categories:

- Persons who have been recently infected with TB bacteria (within the past 24 months) and:
 - o close contacts of a person with infectious TB disease
 - o persons who have immigrated from areas of the world with high rates of TB
 - o children less than 5 years of age who have a positive TB test
 - o populations with high rates of TB transmission
 - o those who work or reside with people who are at high risk for TB
- Persons with medical conditions that weaken the immune system:
 - o babies and young children less than 5 years
 - o HIV disease (increases the risk of developing TB disease more than 100 times once infected)
 - o substance abuse
 - o silicosis
 - o diabetes (increases risk of developing TB disease 3 times once infected)
 - o severe kidney disease
 - o low body weight (10% or more below ideal weight)
 - o organ transplants
 - o head and neck cancer
 - o long-term use of corticosteroids

- o specialized treatment for rheumatoid arthritis or Crohn's disease (including Biologics)

If you suspect a case of TB in your practice, contact DOH-Collier TB Clinic at 239-252-2699 or the TB Physicians Network 1-800-4TB-Info for guidance on isolation, evaluation and treatment. Targeted testing of high risk groups is still recommended, with the goal being treatment of Latent Tuberculosis Infection (LTBI) to completion of all infected individuals.

Measles

While locally we have had TB in the news, currently there is a measles outbreak that is dominating headlines nationally. What started as exposure of the public to a likely single case of measles, in an amusement park in California, by an infectious traveler, has turned into a multi-state outbreak, with currently over 100 cases in over a dozen states and internationally. According to the CDC, the majority of cases in this outbreak are not vaccinated against measles.

Since 2000, when measles was declared eliminated in the US, the annual number of cases has ranged from 37 in 2004 to 644 in 2014. Because of these low numbers, many medical providers have never seen a case of measles in their practice.

Measles is a highly contagious, vaccine-preventable disease. Approximately, 9 out of 10 susceptible persons with close contact to someone infected with measles will develop the illness. Transmission occurs by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs or sneezes. The virus can remain infectious on surfaces and in the air for up to two hours. People at high risk for severe illness and complications from measles include:

- infants and children aged <5 years
- adults aged >20 years
- pregnant women
- people with compromised immune systems

The incubation period for measles, from exposure to prodrome, is 10-12 days, and from exposure to rash 14 days. The prodrome lasts 2-4 days, characterized by fever (103-105), then cough, coryza, and conjunctivitis. The macropapular rash then appears, commencing at the hairline and progressing downward. Koplik's spots, occurring on the mucous membranes, appear 1-2 days prior and post rash onset. Laboratory confirmation by IgM ELISA is confirmatory but is not reliable until 72 hours post rash onset.

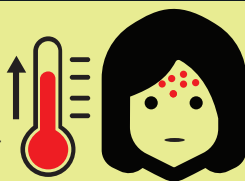
The CDC advises that healthcare providers consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. A suspected measles case is immediately notifiable to DOH-Collier Epidemiology at 239-252-8226. To help educate your staff, post a full-size version of the DOH's measles infographic (shown on the next page) in your practice – download at www.ccmsonline.org/documents/ThinkMeasles.pdf.

The best way to protect against measles is through immunization with MMR vaccine.

1. IDENTIFY

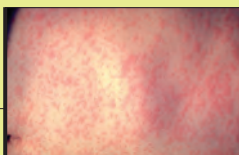
Suspect measles in patients with:

- Fever and rash.
- History of international travel or contact with visitors from locations with known measles outbreaks in the past 3 weeks.
- No or unknown MMR vaccine status. History of MMR vaccine **does not** exclude a measles diagnosis.



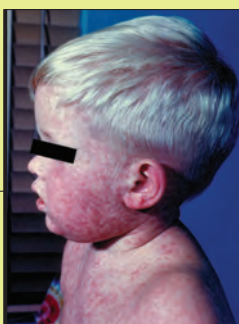
This is the skin of a patient after 3 days of measles infection.

Photo courtesy of the CDC.



Head and shoulders of boy with measles; third day of rash.

Photo courtesy of the CDC.



2. ISOLATE

- Implement airborne infection control precautions, mask and isolate patient in a negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Collect nasopharyngeal swab, urine, and serum for measles IgG, IgM and PCR.



3. INFORM

Immediately report ALL suspected measles infections to your county health department. Notify other facilities of suspected measles before transport.



< FIND YOUR COUNTY

Vaccination Protects Against Measles
A single dose is 93% effective and two doses are 97% effective.

**Risk Factors**

- ☐ History of international travel, contact with international travelers, or domestic travel to locations with known measles outbreaks.
- ☐ No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.
- ☐ Contact with a person that had a febrile rash illness.

Prodrome

- ☐ Fever, cough, coryza, conjunctivitis

Rash Onset

- ☐ Fever spikes, often up to 104°F.
- ☐ Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body.
- ☐ The rash may be difficult to see on darker skin.
- ☐ Koplik's spots (small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa) may be present in a small number of cases.



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Member Benefits Spotlight

Collier County Medical Society

As a Collier County Medical Society member, you support our mission to “help physicians practice high-quality medicine in our community” and in doing so, exemplify what it means to be a physician and a leader. With your participation, we are able to provide our medical community and our patients strong and effective representation.

As a member you also have access to an extensive range of benefits including discounts on services, this magazine, and the annual physician directory. Our focus is on supporting you as a physician, your practice as a business, and maintaining the high standard of medicine we are accustomed to in Collier County. The following benefits of membership are designed to offer you a positive experience that will help you help your patients. For more information, contact CCMS at (239) 435-7727 or info@ccmsonline.org.

Meetings & Education

Frequent dinner meetings provide members with educational presentations, practice management seminars, and CME opportunities at no additional charge. CCMS also offers all members a complimentary professional account with CE Broker.

Our Society plans numerous social events each year, included with your membership, such as women physician luncheons, a new member welcome reception, and an annual installation of officers dinner. We also partner with a variety of local organizations for the “After 5” networking events. Visit ccmsonline.org for the current event calendar.

Advocacy & Committees

CCMS sends a delegation to the FMA Annual House of Delegates each year where FMA policy is formed and a strong legislative agenda is created. The following committees meet regularly to form CCMS policy: Legislative; Membership; Programs; Health Information Technology; and Women’s Health Forum. All members are encouraged to join a committee.

CCMS monitors issues of public concern in an effort to promote good health and access to affordable health care in the community. We meet with and provide testimony to legislators and work with the media to highlight critical issues. Our Political Action Committee (PAC) supports the campaigns of physician & patient-friendly candidates at the local and state levels. The numerous contributions from our CCMS members have allowed the PAC to provide thousands of dollars in campaign support.

Group Health Insurance Coverage

CCMS member practices can be part of a single, large, fully-insured entity under Florida Blue. Everyone benefits from large employer economies and flexibility - 11 medical plan designs are offered with numerous cost-saving measures to better control long-term cost. A portion of the premiums can be returned to the plan in good years and used to further stabilize costs.

Physician Directory & Referrals

Each fall we distribute 10,000 copies of a full-color Physician Directory to members, hospitals, clinics, libraries, community resource centers and the public. Only CCMS members are listed in the Directory, which includes an index by specialty. Members can

also buy advertising space in the publication.

Additionally, CCMS receives hundreds of phone calls each year from patients looking for physicians. We are happy to provide a referral to your practice. You can also encourage patients to go to the online physician member directory at ccmsonline.org.

Member Communications

The Forum is a bi-monthly news and educational magazine sent to each member, featuring articles about CCMS, its members and issues affecting the practice of medicine. You can contact CCMS to contribute articles, and read back issues online at ccmsonline.org.

An e-newsletter, the “elert” is sent to all members every other week alerting them to key meetings and time-sensitive information. We also send complimentary email notices for new CCMS members and relocation of practices upon request. Open house and other practice notices can be emailed to CCMS members & office managers for a small fee. In addition, our website, ccmsonline.org, has a variety of resources for our members.

Circle of Friends

The CCMS Circle of Friends preferred vendor program features select local businesses that provide benefits to members in an effort to meet their personal and business needs. As negotiated by CCMS, these companies have agreed to provide special member savings. Industries represented include banking, legal, wealth management, medical billing, medical staffing, malpractice insurance, employee benefits, personal insurance, CPAs and business consulting, healthcare supplies, and revenue cycle management. Visit the full list of vendors at ccmsonline.org/vendors.

Affiliations

We invite you to support our Foundation of CCMS (ccmsfoundation.org), promoting medical education and public health. The Foundation’s annual charity golf tournament is September 26th. CCMS Alliance (ccmsalliance.info) provides an additional network and activities for members’ spouses. We also encourage you to volunteer in the Physician Led Access Network (plancc.org), which was originally founded by CCMS. You will receive sovereign immunity and participate in an organized system for serving indigent patients in our community.

Community Outreach

Every year we hold a Women’s Health Forum where CCMS physicians speak to 300 women in the community. Plus, members can join our speakers bureau, which is a great resource for media and groups looking for experts on important local medical issues. The CCMS Grievance Committee helps patients and members resolve misunderstandings and communication difficulties. This valuable service assists patients and physicians in settling disputes as an alternative to the patient seeking resolution within the legal system.

We invite you to be as involved as you can be in your society, and to take advantage of these benefits included with your membership. As always, we welcome your suggestions and input. Contact April Donahue, CCMS Executive Director, or Nancy Wood, Administrative Assistant, at (239) 435-7727 or info@ccmsonline.org.

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Community Service Corner

Dr. Renate Chevli and Lighthouse of Collier

Lighthouse of Collier - A Place to Know About



Last year I joined the Board of Lighthouse of Collier (LOC). It was founded in 2009 as a Florida Not For Profit 501(c) (3) and has been serving the blind and visually impaired community in Collier County since that time. LOC is an organization worth knowing about.

LOC offers programs and services at no charge, to help vision impaired and blind individuals of all ages who are beyond a

corrective surgical approach, the opportunity to become independent or maintain their independence. As the only Center for Vision Loss and Blindness in Collier County, LOC is nationally accredited and staffed by certified professionals in the low-vision field. Volunteers play a very important role in helping with non-teaching activities throughout the year and in our children's summer camp program. Since its inception, LOC has assisted about 1,000 local children and adults in gaining independent living skills.

The mission of LOC is to "promote the development, implementation and on-going evaluation of programs and services which foster independence and enhance the quality of life for the blind, visually impaired and their caregivers." This is an important pathway for individuals of all ages, their caregivers and for society.

LOC has various, free of charge, Programs and Services, age-tailored to blind and visually impaired individuals.

Children's Programs include activities such as day trips, picnics in the park, large print cards and board games, learning about and playing with magnifiers, CCTVs, talking computers, and other interactive activities. Every year children get together in a month-long Summer Camp which provides the opportunity to have the children spend time with other children and adults with similar challenges which is both a learning and rewarding experience for the children, the families, the volunteers and the staff.

Lighthouse of Collier has found that the children with disabilities are especially prone to isolation, fears and lack of daily experiences that most other children and their families are unfamiliar with. The Children's Program activities foster friendships and skill developments to help blind and visually impaired children and their families deal with such challenges.

A Transitional Program, designed for students age 14 through 22, helps students move with ease into adult life by acquiring skills for daily living, self-advocacy, communication, assistive technology,



career skills, orientation and mobility and more. This year-round program provides the students with the opportunity to develop skills to enter the work force or post-secondary education, depending upon their personal interests. All learned skills will benefit their future lives

and assist them in making decisions about the path they will take in the future

Beyond the Children and Transitional Programs, LOC teaches vision-impaired and blind adults how to live life as independently as possible. They are taught how to socialize, and how to navigate safely at home, at work and in the community. They learn tactile medication labeling, safe cooking habits, money identification, and grooming. They also learn how to use check and signature guides, talking watches, a phone, and are provided safety tips.



In addition, LOC offers Assistive Technology Classes that help the blind and visually impaired be more independent at work, in school and at home. The tools

are designed to make access to printed materials easier, and make the use of current technology more accessible and easier to use. Some examples of assistive technology include video magnification devices, hardware and software that provides screen magnification and speech and other assistive devices like talking compasses, and talking color identifiers. These newly acquired skills increase quality and joy of life.

For individuals to qualify for LOC Programs and Services, they must be diagnosed with bilateral visual impairment that is resulting in a substantial impediment to their ability to live independently or they must have progressive bilateral eye disease that will lead to a substantial impediment to live independently. LOC provides an on-site low vision clinic.

LOC services are free of charge and funds for these services are from a combination of sources. LOC currently has two contracts with the Department of Blind



Services (DBS) for the Independent Living Adult Program and to provide Vocational Rehabilitation services, however these funds are limited. LOC continues to expand its local donor base for additional funding and in addition gains funding from the United Way of Collier County, Naples Children and Education Foundation and the Community Foundation of Collier County, to name a few. Please feel free to contact LOC for more information or to schedule your own personal tour of the center: call 239-430-EYE4 (3934) or visit LighthouseOfCollier.org.

I encourage you to let your vision-impaired and blind patients and friends know about LOC. The goal of LOC is to help all vision-impaired and blind individuals in Collier County to have a positive outlook on life and to live life to the fullest. With independence gained the quality of life for individuals with vision issues and their caregivers is much enriched.

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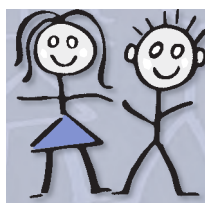
Upcoming symposiums



Primary Care Focus Symposium (14th Annual)

Friday-Sunday, July 24-26, 2015
Ritz Carlton, Naples
(13 CME/CE)

PrimaryCareFocus.BaptistHealth.net



Pediatric Symposium: A Multispecialty Approach to Pediatric Care (14th Annual)

Saturday, May 2
Marriott Miami Dadeland, Miami
(6 CME/CE)

MiamiPediatrics.BaptistHealth.net



Head and Neck Cancer Symposium (Fourth Annual)

Saturday, April 11
Baptist Hospital Auditorium
(4.5 CME/CE)

HNCancerSymposium.BaptistHealth.net



State of Science Symposium: Critical Care Best Practices (Sixth Annual)

Saturday, June 6
Baptist Hospital Auditorium
(6 CME/CE)

CriticalCare.BaptistHealth.net

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