THE FORUM

May/June 2012 ♦ Volume 11, No. 3

The Truth About Antidepressants

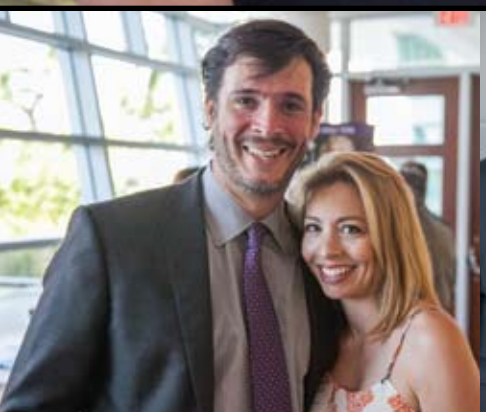
E-Prescribing? The Malpractice Risks

What's Up with PODs?

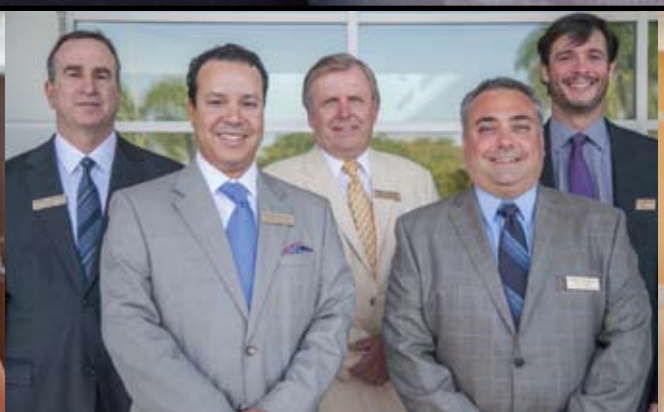
Diagnosing Youth Mental Illness

Creating a NEW Foundation for the FUTURE

CCMS President Dr. Rolando Rivera *and wife Claudia*



CCMS Secretary Dr. Eric Hochman *and wife Kimberly*



CCMS Board of Directors (l-r): Dr. Mitchell Zeitler, Treasurer; Dr. Rolando Rivera, President; Dr. Rafael Haciski, Director at Large; Dr. Richard Pagliara, Vice President; Dr. Eric Hochman, Secretary; (not pictured: Directors at Large, Dr. Todd Bethel & Dr. Catherine Kowal)

CCMS Treasurer Dr. Mitchell Zeitler *and wife Dana*

THE OFFICIAL MAGAZINE OF THE COLLIER COUNTY MEDICAL SOCIETY

Welcome New Members

F. Michael Gloth, M.D.
Internal Medicine, Geriatric Medicine
Moorings Park Healthy Living
111 Moorings Park Drive
Naples, FL 34105
430-6391 Fax: 430-6394
Board Certified: Internal Medicine

Arthur D. Kalman, D.O.
Physical Medicine & Rehabilitation
Neuroscience and Spine Associates, P.L.
1660 Medical Blvd., Suite 200
Naples, FL 34110
566-3434 Fax: 566-2143
Board Certified: Physical Medicine & Rehabilitation

Anurag S. Kushawaha, M.D.
Hospitalist
IPC The Hospitalist Company
4513 Executive Drive, 2nd Floor
Naples, FL 34119
597-5638 Fax: 597-5628
Board Certified: Internal Medicine

John M. Nassif, M.D.
Oculoplastic Surgery & Ophthalmology
John M. Nassif, M.D.
7955 Airport Pulling Road N., #104
Naples, FL 34109
593-7747
Board Certified: Ophthalmology

Sarah E. Vieta, M.D.
Dermatology, Mohs Micrographic Surgery
Associates in Medical & Surgical Dermatology
9125 Corsea Del Fontana Way
Naples, FL 34109
598-4004 Fax: 598-4713
Board Certified: Internal 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.

Calendar of Events

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

Wednesday, May 23, 2012
Seattle and King County Emergency Medical Services
A Medical Model of System Design
Speaker: Jim Fogarty, EMS Chief, King County
6:00pm
Location: Chamber of Commerce Leadership Room
2390 Tamiami Trail North, #210
Naples FL 34103

Thursday, May 31, 2012
FREE Asset Protection Planning Seminar
Speaker: Adam O. Kirwan, J.D., L.L.M.
Hosted by: Jeremy Darstek,
Meridian Financial Planning
6:00pm-8:00pm
Location: Waldorf Astoria Naples
475 Seagate Drive, Naples
RSVP: 239-690-9820

Friday, August 10, 2012
Social Event
6:30pm
in partnership with the CCMS Alliance and
Lee County Medical Society and Alliance
Location: Bass Pro Shop, Ft. Myers, FL

CCMS Officers 2012-2013

PRESIDENT

Rolando Rivera, M.D. is a Board Certified Diplomate of the American Board of Urology. He was born in 1971 and raised in San Juan, Puerto Rico. He earned his undergraduate and medical degree graduating Magna cum Laude from the University of Puerto Rico. Dr. Rivera served in the U.S. Army before completing his Residency in Urological Surgery at the University of Florida, and his Fellowship training in Female Urology at the University of Miami.

In 2006, Dr. Rivera relocated to Naples and joined Specialists in Urology. He and his wife, Claudia, have three beautiful children, Paola, Gabriela and Sebastian. He is an active member of the Bonita Springs Rotary Club, and is the Membership Committee Chair for the Florida Urological Society. Dr. Rivera has co-authored and contributed to many peer review articles in national and international journals, and enjoys contributing to community service and outreach projects.

SECRETARY

Eric Hochman, M.D. obtained his Doctor of Medicine from Ohio State University College of Medicine, magna cum laude in 1997. He completed his residency at Ohio State University Hospital in 2001, and his residency and fellowship at Washington University, St. Louis in 2004. Dr. Hochman is Board Certified in Internal Medicine, Rheumatology and Pediatrics. He practices with NCH Healthcare System.

OFFICER/ DIRECTOR AT LARGE

Todd D. Bethel, M.D. graduated from the Medical College of Ohio, Toledo in 2002. He completed his Internship and Residency at the University of Pittsburgh, PA, and is Board Certified in Emergency Medicine. He practices at NCH Healthcare System as part of the TeamHealth emergency care organization.

DIRECTORS AT LARGE

Rafael Haciski, M.D.

Catherine Kowal, M.D.

VICE PRESIDENT

Richard D. Pagliara, D.O. obtained his Doctor of Osteopathy in 2002 from the New York College of Osteopathic Medicine, completed an internship at the North Shore University Hospital System, a diagnostic radiology residency at Hartford Hospital, and a fellowship in abdominal imaging at Stony Brook University Hospital. Relocating to Naples in 2008, Dr. Pagliara works for Radiology Regional Center.

TREASURER

Mitchell Zeitler, M.D. is a Board Certified Anesthesiologist and Chief of Anesthesia at Physicians Regional Healthcare System/Pine Ridge. After completing medical school at George Washington University, he spent two years at Lenox Hill Hospital (NY) in the OB/GYN program, and did his residency in anesthesiology at George Washington University Hospital. He spent 13 years at Montgomery General Hospital in Olney, MD, served on Montgomery County Medical Society's Legislative Committee, and was also a member of a claims review committee for Medical Mutual Liability Insurance.

CCMS Member News

Richard Abood, M.D., the Medical Director of Collier Urgent Care Centers announces a new clinic in Park Shore: Collier Urgent Care-Park Shore, 3601 Tamiami Trail N., Naples, FL 34103, phone: 239-593-3232, www.collierurgentcare.com
Hours: Monday-Friday, 8am-5pm.

Emily C. Clements, D.O., OB/GYN, Catherine Marie Harrington, M.D., OB/GYN and Jeannie Hilton, D.O., FACOG, OB/GYN have moved their offices to Complete Women's Care of Naples, 2350 Vanderbilt Beach Rd., Ste. 201, Naples, FL 34109, phone: (239) 348-4098, and fax: (239) 354-6569.

Dr. Kathleen Galatro, D.O. correct phone number is 348-4153 and the office zip code is 34119.

In Memoriam

Long time CCMS member **Beauregard Lee Bercaw, M.D.,** a well respected neurologist in Naples passed away on April 2, 2012.

A Message from the President:

The Future is Here

by Rolando Rivera, M.D., CCMS President

As your President, I plan on creating a Medical Society Foundation that will promote community health education and improve access to health care. With this in mind, our Foundation will support programs like Physician Led Access Network of Collier County and the work they do to act as the safety net for the low income uninsured.

The Foundation will also help us grow our Annual Health Forum and explore opportunities to participate in other health based community events. I'm hoping the Foundation will become the charitable arm of the Medical Society and attract donations and support from the medical community. We may also explore our ability to help students pursuing a medical career with scholarships from our Foundation too.

I'm hoping the Foundation will become the charitable arm of the Medical Society and attract donations and support from the medical community.

I mention this possibility because I heard on the news recently that the average medical school debt today, according to the Association of American Medical College, is around $156,000. After adding in interest the total debt repayment could grow to over $600,000. Not a great way to start a medical career.

But not surprisingly, the need for doctors - especially primary care doctors - continues to grow. If we gain enough support, the Foundation could allow those students who dream of joining the medical profession with some financial help.

When I look back 20 years, I see a young man about to start his journey toward a bright future in medicine. I'm glad I followed the path; I wouldn't wish to be in any other profession.

Our Medical Society's mission is to "Help physicians practice high quality medicine in our community." Communication and quality medicine go hand in hand; this has been and will continue to be the basis of our profession.

It wasn't even 20 years ago that technology started to really become part of our work lives. How did we ever check a patient's labs, read an x-ray, or fulfill rounds before e-mail and smart phones? Now, all of this is at our fingertips 24 hours a day, and with a new, dedicated resource like the Health Information Exchange, we'll begin to see the benefits of truly collaborative healthcare.

This brings me to my second goal. The Medical Society has been diligently researching the best choices for Health Information Exchanges that would give our independent physicians the same communication tools as a hospital based physician or larger practice. Working closely with IT professionals at HMA, it looks like a solution will be launched this summer based on a platform that shares information under the strictest security.

With this in mind, your Medical Society will be forming an HIE Governance council that will monitor the program. And while we are confident right now in how it's being done, we will not issue a recommendation to participate until it is 100% clear it will not compromise our ability to remain in control of our patients' files.

A Message from the Past President:

Creating a System of Organic Care

by D. Scott Madwar, M.D., CCMS Past President

Can a professional society be organic? Well it certainly can when you change presidents every year. Each new term sets a tone searching for emphasis on the underemphasized.

At the end of a term one must always reflect upon what was asked, accomplished and learned. I think we all agree that the future of healthcare will be shaped by the need for access ability for all with diminishing recourses.

Can you make more with less? It all depends on your definition of "more". The less is not quite as vague.

At the beginning of my term, a CCMS member lamented the apparent absence of a unified mechanism for the delivery of care to the underserved of Collier County?

Do you want a birds-eye view or a view from the trenches?

The birds-eye view is a "yes" we do. It is called PLAN. It subsists upon the generosity of its physician participants, and community organizers. However, the view from the trenches is somewhat more complex.

The patients have to first FIND the place of care. You have to get the doctors to FIND the place of care. You have to get donors to FIND the place of care.

REPEAT,
REPEAT,
REPEAT…

Now create a succession plan.

Take The Neighborhood Health Clinic as the greatest example of a "bridge to care for the underserved."

Where do you build it? How do you staff it? How do you run it? GREAT! Now sustain it.

Anyone with children knows that your job as a parent is not done when your children move out of the nest. We can never "rest on our laurels" as stewards of the community's health.

Our "organic role" as a County Medical Society must always be making more with what we have. While medicine "as a profession" struggles with change, so does the community.

Many reading this are physicians. However, all of you are patients. With which group do you identify?

Antidepressants "Get No Respect"

by Daniel A. Deutschman, M.D., CCMS member, Clinical Asst. Professor, Department of Psychiatry, Case Western Reserve University; Examiner, American Board of Psychiatry and Neurology; Distinguised Life Fellow, American Psychiatric Association; Staff Psychiatrist, Naples Community Hospital; Staff Psychiatrist, Physician's Regional Medical Center; Diplomate of the American Board of Psychiatry and Neurology with Added Qualifications in Geriatric Psychiatry

History of Antidepressants

Antidepressants were first available in 1955. The initial medications were called tricyclics. Elavil, Tofranil, Aventyl and Pertofrane were all examples of these first generation antidepressants. In 1987 the most recent antidepressants, second generation antidepressants were launched. Prozac and Wellbutrin were examples of this. Many other antidepressants similar to Prozac followed. Examples were Zoloft, Paxil, Effexor, Celexa, Lexapro, Cymbalta and Pristiq.

The first generation antidepressants were effective but had lots of side effects. The second generation antidepressants were effective and had few side effects. Primary care doctors prescribed these medications to many patients with excellent results.

How They Work

For years physicians were told that antidepressants fixed a "chemical imbalance" or made up for a deficit in a neurotransmitter such as "Serotonin". Neither is correct. Research evidence in the last ten years has made it clear that depressed people aren't "a quart low on Serotonin". Instead the problem is in a part of the brain called the Hippocampus (I'm not making this up).

It now appears that genetically susceptible people react to stress with changes in the brain cells in the Hippocampus (an area dealing with feelings and memory). Treatments that help or fix depression (medications, Cognitive/Behavioral Therapy and others) all improve the health of the brain cells in the Hippocampus. Some of these healthful changes involve the making of new connections to other brain cells and in some cases the brain cells duplicate themselves (multiply). These changes in the brain cells are called "neuroplasticity". Stress causes negative changes; effective treatment causes healthy, positive changes in the Hippocampus.

"No Respect" Item 1

In 2003 the FDA overreacted and made a blunder. They said "antidepressants cause teens to have suicidal thoughts (not attempts or completions). This was incorrect. It scared parents and doctors who took it as gospel. They generalized the original (incorrect) warning about thoughts to an increase in risk. Antidepressant use among teens dropped. As a result the actual suicide rate among teens increased!! This was an unintended consequence of the FDA's over zealous warning. It is now generally acknowledged that people who are depressed often have suicidal thoughts and that antidepressants take some time to work. In the early days when a person is on antidepressants (before they have made enough changes in the Hippocampus) patients will still have the "bad" thoughts they had when treatment was started.

"No Respect" Item 2

In February, 2012, 60 Minutes™ ran a story saying that "antidepressants were no better than placebos" (sugar pills). This is also incorrect. It threatens to have the same unintended consequence (an increase in the suicide completion rate). If patients and doctors buy into this misinformation, fewer antidepressants will be prescribed and patients will suffer. 60 Minutes reported on the high placebo response rates in FDA trials done by drug companies. Antidepressants perform better in these trials than placebos. What is fascinating, however, is some patients respond to placebos at all. The strange features of these FDA trials may be the cause. In order to insure objectivity, the trials have a lock step, one size fits all structure. All patients receive the same dose for the same time irrespective of differences in the patients or their response. It's as though the government decreed that we will all wear size 9 men's shoes (cheaper and we all can adjust). Antidepressants work. They have been a life saver for many. The more important question is, "**What can we do for the people who don't respond quickly to the first antidepressant they try?**"

Antidepressants Work

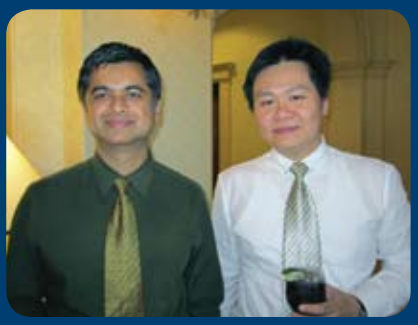
We have much to learn about how patients differ and how to tailor our medication treatment to help specific individuals. Genetic data is helping with this. We already have genetic markers for some racial groups that indicate whether an individual will respond to a specific antidepressant. Much more work will be required before the average patient can have his/her genome scanned and have this information guide the psychopharmacologist in his/her antidepressant treatment.

What we know for sure is that antidepressants work. They save lives and decrease suffering. In the hands of skilled psychiatrists and psychopharmacologists, even recalcitrant depressions can be corrected.

If you or someone you know is depressed, tell your doctor. If results are not forthcoming in an appropriate amount of time, see an expert. Depression can be overcome.

Social @ Shula's

Over 50 members and guests enjoyed a social at Shula's Steakhouse on April 12th hosted by Brett Nesbit of Rehmann and Richard Annunziata.



Dr. Nuruddin Jooma and Dr. Jay Wang

Dr. Gerry Kumin, Dr. Mickey Gordon and Brooke Austin

E-Prescribing Malpractice Risks

by David B. Troxel, M.D., Medical Director, Board of Governors, The Doctors Company, a CCMS Preferred Vendor

Driven by electronic health record (EHR) adoption and federal incentives, approximately 35 percent of physician office practices currently use e-prescribing to send prescriptions directly to pharmacies.

These systems allow quick access to drug formulary and eligibility information and to the patient's prescription history. They also reduce costs by flagging generic and "on-formulary" drugs. The systems may help with compliance problems, as approximately 20 percent to 30 percent of patients never pick up their prescriptions. Adding to these potential benefits is what ought to be the physician's best friend: flagging drug-drug interactions before they occur.

However, there are always unanticipated consequences when new technologies are adopted—and the EHR is no exception. Real and potential liability risks are beginning to be recognized, and it is important for physicians to become familiar with them.

Consider the following:

- Doctors have access to data through e-prescribing community medication histories, which can expose the physician to potential interactions with drugs prescribed by others. For example, Dr. A renews a medication, and his e-prescribing program sends an alert advising him that the medication could interact with another drug the patient is taking. He has not prescribed that drug, so his office staff will have to contact the patient to identify who has prescribed it, and then Dr. A will have to contact Dr. X to "negotiate" which drug will be discontinued or changed. If failure to take action results in patient injury from a drug-drug interaction, Dr. A may be liable.

- Doctors are responsible for clinical information they can reasonably access. There is increased access to e-health data from outside the practice through the practice EHR or Web site or through a health information exchange (hospital charts, consultant reports, and laboratory and radiology reports).

- Meaningful use requires that EHRs provide e-prescribing drug information and clinical decision support. Clinicians should know the source of this information because it may conflict with their specialty's clinical standards of care or practice guidelines—and with information in FDA-approved drug labels and drug alerts (boxed warnings).

- Drug interaction lists are often so comprehensive and generate alerts with such frequency that they can become disruptive and annoying. Doctors may develop "alert fatigue" and ignore, override, or disable them. However, if it is shown that following an alert would have prevented an adverse patient event, the physician may be found liable for failing to follow it. Expert consensus lists or optimized, clinically meaningful drug-drug interaction lists focused on a smaller set of interactions most frequently associated with harm may address this problem. However, EHR vendors may resist eliminating the low-risk warnings, fearing that doing so may increase their liability.

The **PDR Alert Network** is a free service that electronically delivers FDA Alerts (including FDA label changes and boxed warnings) to physicians and other prescribers. This Alert Network improves physician access to important and timely medication information, thereby improving patient safety and reducing medical liability.

The PDR Alert Network resulted from a multiyear effort engaging the American Medical Association (AMA), medical specialty and state medical societies, professional liability insurance carriers, patient safety groups, manufacturers, and the FDA. It is governed by the iHealth Alliance, a nonprofit board consisting of leaders from medical societies (including the AMA), university medical centers, the National Patient Safety Foundation, and professional liability carriers. It is dedicated to protecting the interests and privacy of patients and providers.

The campaign allows physicians to earn free continuing medical education (CME) credits by reviewing the FDA-approved labeling for the drugs they most commonly prescribe, then taking a short online test on the label's content.

In collaboration with the FDA's Safe Use Initiative, PDR Network and medical professional liability carriers launched a national Know the Label campaign early in 2011. PDR Network hosts the CME programs, and The Doctors Company provides the CME credits to all U.S. physicians at no charge.

Contributed by The Doctors Company. For more information about eRisk and how to protect your practice, please visit www.thedoctors.com.

Eleventh Annual

Primary Focus Symposium

Friday-Sunday, June 22-24, 2012

Marco Island Marriott Hotel ▪ Marco Island, Florida

AAFP 12 Prescribed Credits Approved

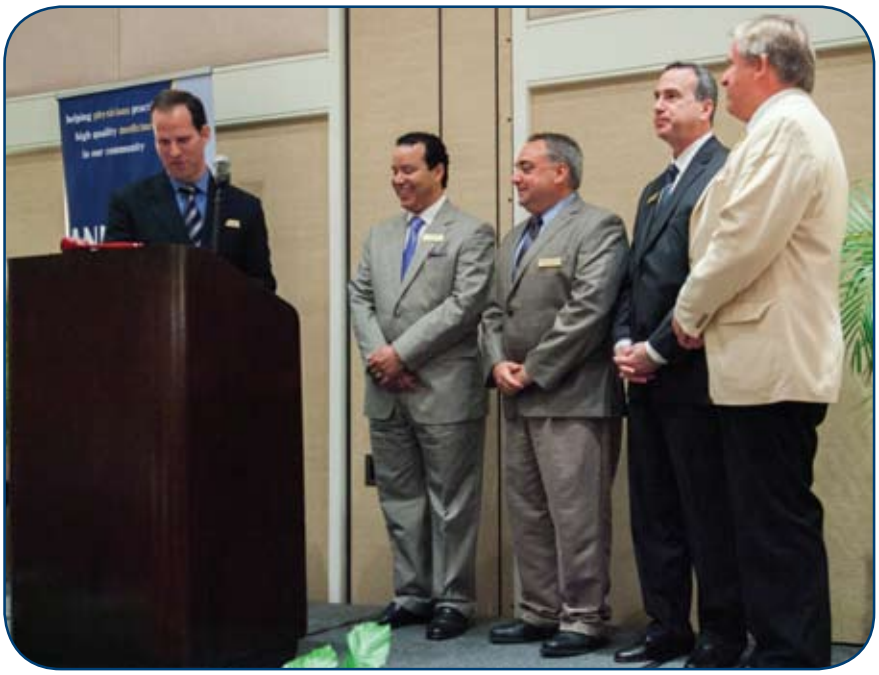
A. Ruben Caride, M.D., Symposium Director

Baptist Health South Florida

For symposium registration, go to *PrimaryFocus.BaptistHealth.net*.
For information, contact the Baptist Health CME Department at **786-596-2398** or *cme@BaptistHealth.net*.

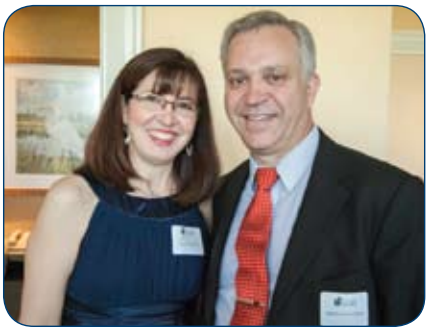
Annual Meeting & Installation Photos

The Annual Meeting & Installation of 54th President of the Collier County Medical Society Dr. Rolando Rivera was held at the Naples Beach Hotel & Golf Club on Saturday, May 5th. The evening included a reception and dinner. Guests were treated to a special speech by Dr. Paige Kreegel, who is currently serving his fourth term in the Florida House of Representatives. Dr. Kreegel chaired the House Energy and Utilities Committees, the House Health Care Services Committee, and has served as vice-chairman of the Appropriations Committee. Dr. Kreegel is running for US Congress.

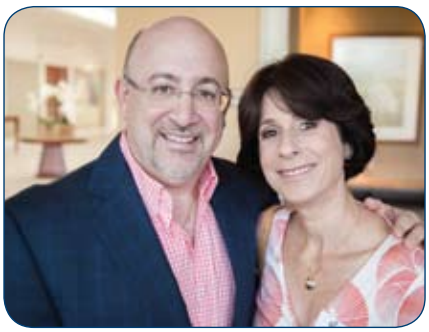


CCMS Past President Dr. D. Scott Madwar welcomes the new CCMS Officers (l-r): Dr. Rolando Rivera, President; Dr. Richard Pagliara, Vice President; Dr. Mitchell Zeitler, Treasurer; and Dr. Rafael Haciski, Director at Large

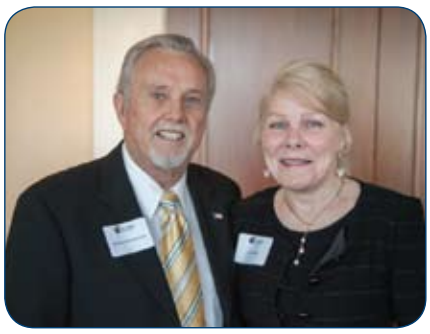
Newly appointed CCMS President Dr. Rolando Rivera makes an acceptance speech



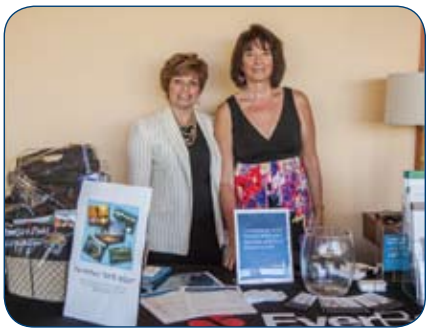
Dr. Alejandro Perez-Trepichio and wife Patty



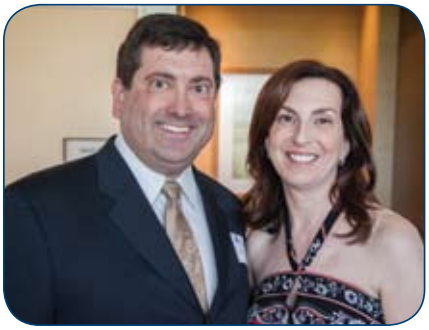
CCMS Past President Dr. Brian Wolff and wife Beth



County Commissioner Fred Coyle and wife Cheryl

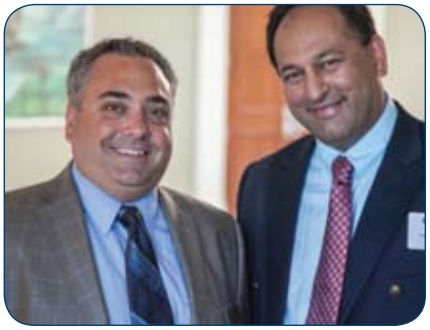


One of our great event sponsors: Everbank

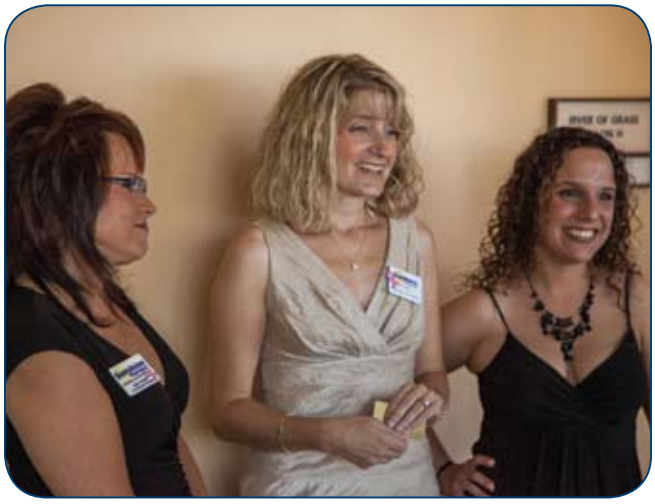


Dr. David Greene and wife Denise

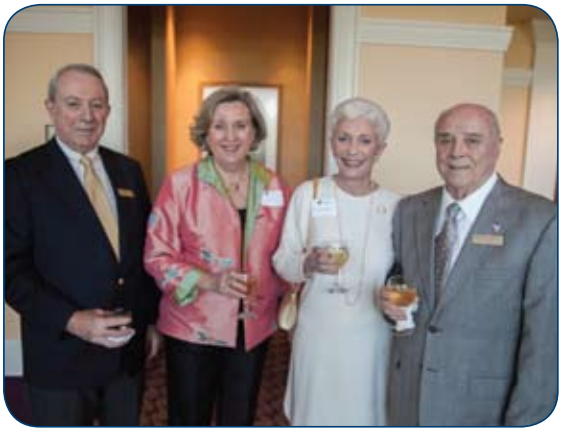
Past President Dr. Nick Kalvin and wife Judy



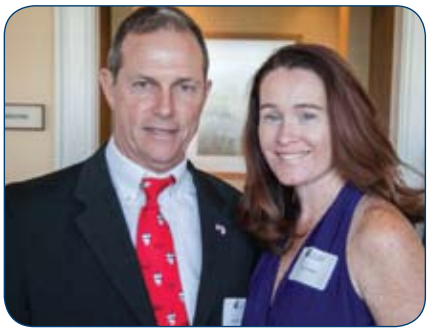
CCMS VP Dr. Richard Pagliara and Dr. Pavan Anand



CCMS Install Sponsor: Sunshine Pharmacy

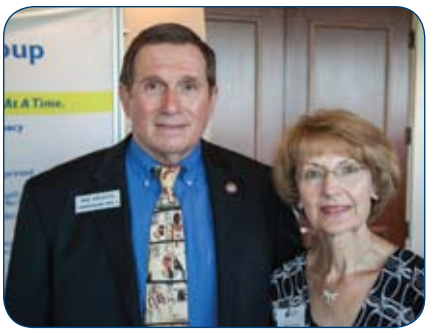


Past President Dr. Joseph Sullivan, Judy Sullivan, Nancy Lascheid and Past President Dr. William Laschied

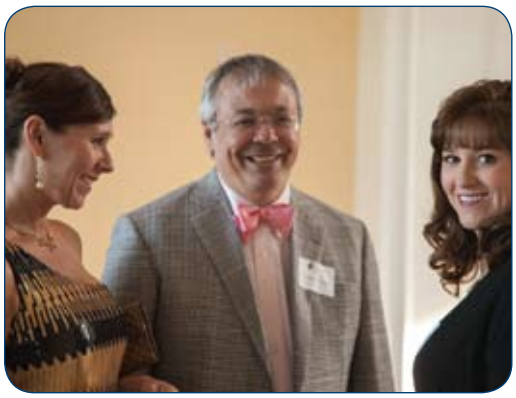


Guest Speaker Dr. Paige Kreegel and wife

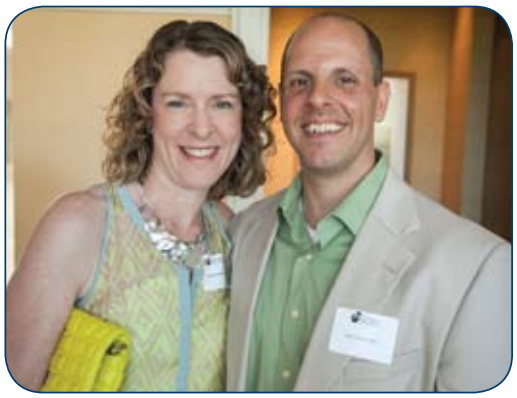
Dr. Dina Badra and husband Ash



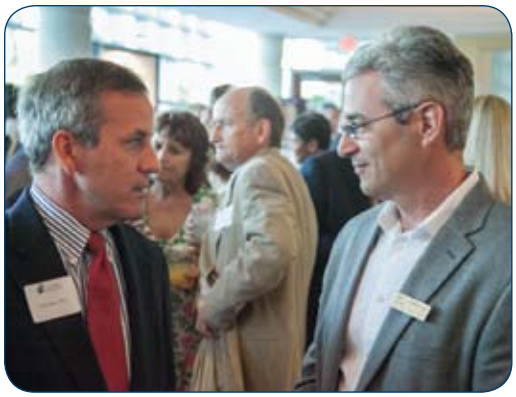
County Commissioner Jim Coletta and wife Mary Ann



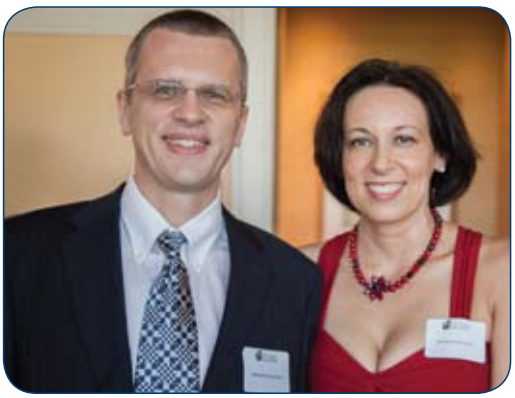
Dr. Mark Moskowitz, his wife Louise (l) and guest



Dr. Ashley Tunkle and husband Dr. Sam Tunkle



Dr. Edwin Dean and Past President Dr. Corey Howard



Dr. Zedenko Korunda and Dr. Nena Korunda

SPOTLIGHT ON NEW MEMBER

Social Pressures or Mental Illness?

How Dr. Monica Robles Helps Childhood Wellbeing

by Mollie Page

It has over 200 licensed professionals, the largest group of mental health specialists in Collier County, who work through eight sites located within the community. Yet according to CEO David Schimmel, the number of patients requiring mental health services at David Lawrence Center has doubled in the last five years, making expansion a priority.

"The stigma is changing," said Schimmel, referring to how mental illness is becoming more understood and less overlooked. Pointing to architectural renderings nearby, Schimmel added, "That's why we decided to add more physicians and do a capital building expansion."

The 44-year old non-profit organization has seen its share of headline cases over the years, but the most recent shift in addiction is cause for concern for the entire community.

"The number one addiction problem locally has always been alcohol. But now it's prescription drugs, and we're starting to see those numbers climb in our youth population," said Schimmel.

On the expansion agenda for the Center are more detox beds and more diversion programs through the schools. Schimmel says these plans support the Center's mission to ensure people get access to care.

Helping the Center determine whether a youth patient is hooked on drugs or suffering from mental illness is new CCMS member Dr. Monica Robles.

Dr. Robles, who was born and attended medical school in Spain, recently became the Senior Physician of Children's Services in September 2011.

A mother of three, Dr. Robles, whose husband is a local Radiologist and hails from Spain too, sees about 13 patients each day at the Center's main facility.

"Much of the work I do is with parents," says Dr. Robles, who adds that too often, whether because of peer influences or media, parents these days are quick to believe their child has some type of illness like autism or a behavioral condition like ADHD.

"Putting a child on medication is a last resort solution for me as a doctor," says Dr. Robles. Discussing bedtimes, nutrition, computer use and changes in growth patterns with parents during an initial meeting often helps her identify contributing factors to a child's behavioral problems.

"Change in behavior is a normal part of a child's growth," says Dr. Robles. "It's not always a pathology."

But for some children, even those as young as three, there is a pathological reason for their behavioral issue. Dr. Robles says working closely with many other physicians in the community like pediatricians, endocrinologists, neurologists, and cardiologists helps her determine a diagnosis and treatment plan.

"And yes, some children really do suffer from anxiety and depression," says Dr. Robles, who contends that in some of these cases medication has its advantages. "Treatment with some psychiatric medications may increase the risk of metabolic syndrome and diabetes in children as well as in adults. We are proactive about obtaining blood work prior to initiating treatment and in subsequent visits. We believe in following kids closely to prevent consequences from the use of medication. It's imperative to work with other physicians so we can offer a comprehensive and complete treatment ruling out medical conditions that can mimic psychiatric symptoms or cause them."

Dr. Robles first became interested in child psychiatry while finishing her pediatric residency in Spain. When an opportunity to participate in a psychiatry rotation program in Memphis came available, she took it. She spent three years studying adult psychiatry and then two years studying child psychiatry. Prior to relocating to Naples, Dr. Robles worked with children in Missouri and California.

In many cases, children receiving medical care by Dr. Robles also participate in the Center's outpatient youth therapy programs. Beyond that, the Center provides therapy and telemedicine services in Immokalee and through partnerships with Youth Haven and local schools. For youths experiencing severe depression and tough addictions, the Center has a children's crisis stabilization unit.

Sheriff Takes Aim at Prescription Drug Abuse

by Mollie Page

Prescription drug abuse is at epidemic levels both locally and around the nation, and the Collier County Sheriff's Office (CCSO) is fighting back.

"Not only is prescription drug abuse ruining lives, it is killing people," Sheriff Kevin Rambosk said. "We are doing everything we can through both education and enforcement to bring it to a stop."

In 2010, the most recent year for which numbers are available, **5,647 people in Florida died with one or more prescription drugs in their system**. That's an increase of more than 7 percent from 2009. And more than 2,710 deaths in the state in 2010 were found to be caused by prescription drugs found in the system. This is a 9 percent increase from the previous year. These figures come from an annual report by the Florida Medical Examiners Commission Report On Drugs Identified In Deceased Persons.

The report indicates the drugs that caused the most deaths were oxycodone (1,516), benzodiazepines (1,304, with alprazolam, also known as Xanax, accounting for 981 deaths), and methadone (694). Oxycodone occurrences increased by 22.4 percent in 2010 and deaths caused by oxycodone rose by 27.9 percent when compared to the previous year.

"In 2010, the Collier County Medical Society and Drug Free Collier supported a moratorium on pain clinics in Collier County – that was extended in 2011. I fully supported this moratorium, which has had a positive impact on our community," said Sheriff Rambosk.

Statistics from Drug Free Collier show that the local medical community is actively participating in the statewide Prescription Drug Monitoring Program (PDMP). By participating in this registration and verification system, the medical community can work together to reduce the availability of drugs and prevent abuse.

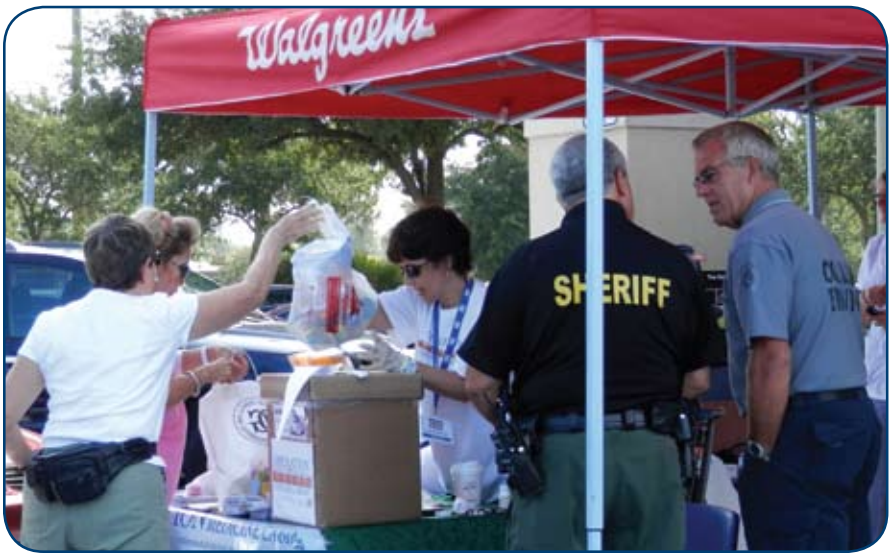
The CCSO is cracking down on prescription drug abuse with both educational outreach and aggressive enforcement measures. A major element of the educational message being put forth by CCSO and its partners in the community's anti-drug coalition is this: **PRESCRIPTION DRUGS CAN KILL YOU.**

CCSO works with the Collier County School District to provide drug-abuse education to students. The agency also partners with Drug Free Collier in a number of educational programs and works with the Collier County Medical Examiners Office to review overdose cases and determine local drug-abuse trends.

Deputies are regularly reaching out to educate our residents to the signs of drug abuse in family members and encourage them to dispose of unused medicine safely. Additionally, deputies help educate health-care providers on the signs that a patient may be doctor shopping to obtain prescription drugs that they then abuse or sell for profit.

Operation Medicine Cabinet, a partnership with CCSO and Drug Free Collier, is a take-back program that that provides residents with safe disposal of unwanted or expired medication. In addition to drop off events, a permanent drug disposal site in the form of a drop-off box located in the main lobby of CCSO headquarters, Building J., 3301 U.S. 41 E., East Naples.

An Operation Medicine Cabinet initiative held April 28th was the most successful yet, organizers said. A total of 711 people dropped off 12,052 bottles of prescription medications weighing a total 958 pounds at drop-off sites around Collier County.



"Cracking down on substance abuse takes a community," said Veora Little, a volunteer coordinator for Operation Medicine Cabinet. "The Sheriff's Office has a vision not only to enforce the law but to engage organizations to educate, support and protect its citizens. Drug Free Collier's program Operation Medicine Cabinet works with law enforcement to teach families how important it is to lock up medications to prevent poisoning, misuse and abuse, and proper disposal to prevent pollution of our environment."

Visit www.colliersheriff.org or www.drugfreecollier.org to locate and participate in a prescription drug take-back event taking place near you.

CCMS presents

Seattle and King County Emergency Medical Services

A Medical Model of System Design

with Jim Fogarty, the chief of King County's EMS

FREE to CCMS Members

Wednesday
MAY 23, 2012
6:00pm, Refreshments
6:30-7:30pm, Presentation

Greater Naples Chamber of Commerce
Leadership Room
2390 Tamiami Trail N.
Naples FL 34103

"King County EMS is regarded as the best medical system on the planet," states **Dr. Robert Tober**, Medical Director Collier County EMS. "In Collier County, we have too many medics carrying drugs and too much political pressure to keep our system safe. It is well worth your time to discover how the Seattle system works by following medical evidence and the teachings of The Medic One Foundation."

King County	vs.	Collier County
• Area: 2,000 square miles		• Area: 1,998 square miles
• Population: 1.9 million residents		• Population: 400,000/seasonal 200,000/summer residents
• 40 Fire Departments		• 9 Fire Departments
• 255 medics		• 200 medics

Register: 239.435.7727 or online at ccmsonline.org

Physician Owned Distributorships (PODS)

by Jeffrey L. Cohen, P.A., The Florida Healthcare Law Firm

Physician owned distributorships (PODs) have been the source of considerable controversy for years, but now they've caught the attention of Congress!

PODs distribute various things, most commonly surgical implants and devices, that are reimbursed by insurers. A patient needs a spinal rod, a surgical implant/device company makes it and a distributor rep distributes it. Device/implant companies usually contract with distributorships to sell their products. Distributorships contract with reps who are paid commissions for sales. Surgeons, who actually order the devices ,sometimes think "Since I'm the one doing the surgery and ordering all this stuff, why don't I make something from the selling it?" PODs are one way for physicians to financially benefit from the sales of devices and items their patients need, but they have never been more controversial than now.

Conceptually speaking, PODs are controversial because government regulators think physicians who have an economic stake in health care items or services will tend to over utilize them. Moreover, there is a specific concern that allowing physicians to profit from the devices their patients need violates federal anti kickback laws or the Stark prohibition on compensation arrangements.

In 2006, the Office of the Inspector General of HHS and CMS expressed major concerns about PODs, and cited concerns about "improper inducements." At that time, the OIG stopped short of prohibiting them, but called for heightened scrutiny. CMS itself has stated that PODs "serve little purpose other than providing physicians the opportunity to earn economic benefits in exchange for nothing more than ordering medical devices or other products that the physician-investors use on their own patients."

Implantable medical devices are unusual in the way they come into use. Unlike DMEPOS, for instance, medical devices are not sold to distributors. They're sold from the manufacture to the medical facility where the surgery will take place. So, the argument goes, physicians are not actually in a position to drive the sales volume of the implants. The counter: physicians invested in a POD can leverage their hospital admissions to influence the device choice of hospitals and surgery centers.

The biggest legal hurdle for PODs is the federal Anti Kickback Statute, which carries both criminal and civil penalties. Simply put, if even one purpose of an arrangement is to pay for patient referrals, the law is violated. So, the law is arguably violated if one purpose of the POD is to induce physicians to order implants for their patients. Looked at another way, the law is violated if one purpose of a hospital doing business with a POD is to ensure patient referrals by the physician POD investors.

A 1989 OIG Special Fraud Alert on fraudulent physician joint ventures is especially interesting on the fraud and abuse issues in pointing out that the following would indicate unlawful intent to induce patient referrals—

Investor Choice

If the only investors chosen are surgeons with an opportunity to refer and if they lack any business or management expertise, the arrangement appears to be a cloaked way to incentivize unlawful referrals (i.e. ordering implants). The key question is whether the business, in selecting investors, is looking to raise capital or to lock in referral sources.

Risk

If the POD investment involves little or no financial risk, the OIG would likely take issue with it.

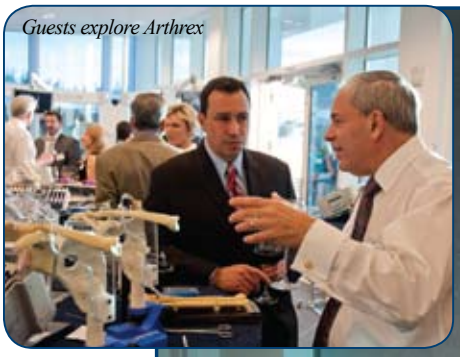
> The bottom line seems to be that if there isn't a real business, with real financial risk and qualified investors, a POD will likely be viewed as a suspicious arrangement based on locking in patient referrals or physician admitting pressure by physician investors.

In its June, 2011 Inquiry "Physician Owned Distributors (PODs): Overview of Key Issues and Potential Areas for Congressional Oversight," the U.S. Senate Finance Committee Minority Staff, the Committee reports "A number of legal and ethical concerns have been identified as a result of this initial inquiry into the POD Models." The Committee reviewed over 1,000 pages of documents and spoke with over 50 people in preparing its report. The Committee cited long-held concerns regarding PODs, and leaned heavily on the 2006 Hogan Lovells (previously Hogan & Hartson) law firm's anti-POD analysis.

With the Committee's call for greater OIG and CMS involvement, one thing seems clear: the future of PODs is uncertain. In this era of cost-cutting, it seems clear that PODs are gonna get a haircut and may even lose their head.

CCMS Visits Arthrex

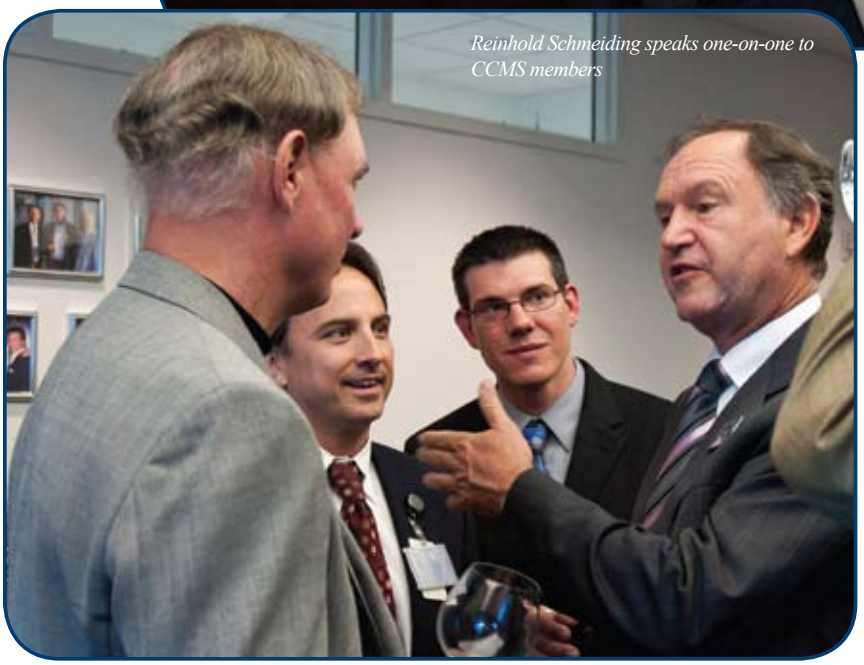
Over 150 members and guests attended a CCMS meeting held at Arthrex Headquarters in Naples on March 15th. Thanks again to Mr. Reinhold Schmeiding, Arthrex President, for generously hosting the event.



Guests explore Arthrex

Reinhold Schmeiding, President of Arthrex with then CCMS President Dr. D. Scott Madwar and County Commissioner Jim Coletta

CCMS member Dr. Donald DiPasco (r) tours Arthrex



Reinhold Schmeiding speaks one-on-one to CCMS members

Members learn about Arthrex products

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