THE FORUM

Nov/Dec 2011 ♦ Volume 10, No. 6

THE OFFICIAL MAGAZINE OF THE COLLIER COUNTY MEDICAL SOCIETY

How Volunteering Makes You a Better Doctor

CCMS members & Neighborhood Health Clinic volunteers Dr. George Ferguson and Dr. Zorayda Torres

WHAT'S INSIDE:

Why to Use Gabapentin

Contagion: How To Diffuse the Panic

What to Expect from the New Neuro Team at PRHS

Part 2: Consignment Closet Agreements

DUES ARE DUE Can't find your invoice? Contact Lisa at 239.435.7727.

Photos: The PLAN Physician Appreciation Cruise

Welcome New Members

Milica Betz, M.D.
Internal Medicine
IPC The Hospitalist Company
4513 Executive Drive, 2nd Floor
Naples, FL 34119
597-5638 Fax: 597-5628

Aleksandra Granath, M.D.
Rheumatology & Internal Medicine
Naples Medical Center
400 Eighth Street North
Naples, FL 34102
430-5522 Fax: 649-3301
Board Certified: Internal Medicine, Rheumatology

Richard Juda, M.D.
Critical Care & Anesthesia / Surgery
Physicians Regional Medical Group
6101 Pine Ridge Road
Naples, FL 34119
348-4320 Fax: 304-5143
Board Certified: Anesthesia

Rhena Ruiz-Novero, M.D.
Family Medicine
Physicians Regional Medical Group
24231 Walden Center Drive
Bonita Springs, FL 34134
348-4404 Fax: 390-8856
Board Certified: Family Medicine

Venkata Yerramilli, M.D.
Family Medicine
IPC The Hospitalist Company
4513 Executive Drive, 2nd Floor
Naples, FL 34119
597-5638 Fax: 239-597-5628
Board Certified: Family Medicine

Reinstated Member

James Buonavolonta, M.D.
Cardiology
Cardiac Imaging Center
201 8th Street South
Naples, FL 34102
682-6603 Fax: 263-2014

Calendar of Events

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

November 18, 2011

CCMS and the CCMS Alliance Invite You to the Annual Welcome New Members Cocktail Party

6:30pm - 8:30pm

This annual party gives you the opportunity to meet with old friends and welcome our new members. Please feel free to invite your colleagues who may not be CCMS members. We look forward to welcoming you and a guest to this popular annual event.

The Tiburon Golf Club
2620 Tiburon Drive, Naples
(not the Ritz Carlton Golf Resort)

December 1, 2011

"Prescribing Controlled Substances in Florida: How to Comply with the New Laws" (2 hr CME)

6:00pm - 8:30pm

Presenters: Dr. Deborah H. Tracy & Brent Hoard, Esq.
Ispiri Center at Avow Hospice
1095 Whippoorwill Lane
Naples, FL 34105

What's on Your Mind?

Help us make this magazine more valuable!
Send your letters to the editor or e-mail comments to Dr. Richard Pagliara at rpagliara@hotmail.com.

CCMS Member News

Hector Cordero, M.D., Pediatrics, moved his practice to 1090 6th Avenue North, Naples, FL 34102, tel: 213-9200, fax: 213-9204.

Vivian Ebert, D.C., Chiropractic, has a new fax number 239-498-0347.

Diana Francu, M.D., Internal Medicine, is at a new office, 671 Goodlette Road, Suite 160, Naples, FL 34102, tel: 331-7782, fax: 331-7786.

David Greene, M.D., Otolaryngology, opened a private practice, 1112 Goodlette Road, Suite 203, Naples, FL 34102, tel: 263-8444, fax: 263-6120

Farhad Irani, M.D., Internal Medicine, Naples Medical Center, has a new address and fax: 6610 Willow Park Drive, Suite 101, Naples, FL 34109, tel: 649-3307, fax: 254-1782.

Brent Lovett, M.D., Psychiatry, has opened a private practice Brent Lovett, M.D., P.A., 1415 Panther Lane, Suite 218, Naples, FL 34109, tel: 591-6660, fax: 591-6661.

Jeff Panozzo, D.O., Emergency Medicine is now with Team Health Southeast, 6400 Davis Boulevard, Naples, FL 34104, tel: 262-4519, fax: 262-5672.

Rebecca Rock, M.D. Internal Medicine, announces the opening of her concierge practice at 1400 Gulfshore Blvd. #166, Naples, FL 34102, tel: 325-5350, fax: 352-5545.

Christopher Wey, M.D., Neurology, corrected address is 6101 Pine Ridge Road, Naples, FL 34119, tel: 649-1662, fax: 649-7053.

CORRECTIONS TO THE PHYSICIAN DIRECTORY

Michael Collins, Jr., M.D., Ophthalmology, corrected address to 6900 International Center Boulevard, Ft. Myers, FL 33912, tel: 936-4706, fax: 225-6775.

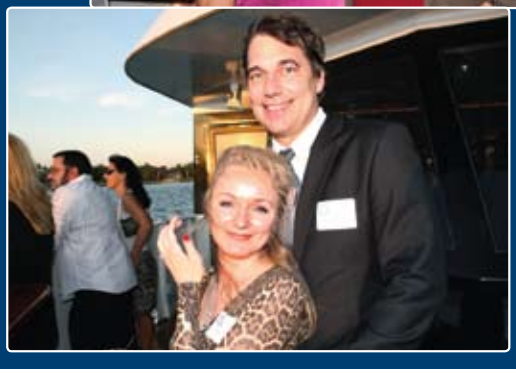
Christopher Wey, M.D., Neurology, corrected address is 6101 Pine Ridge Road, Naples, FL 34119, tel: 649-1662, fax: 649-7053.

Tami Kuhlman, M.D., Specialty correction to: Aesthetic Medicine

PLAN Physician Volunteer Cruise

The Physician Led Access Network of Collier County thanked their physician volunteers on September 30th aboard a cruise on the Naples Princess.

Top to bottom: PLAN Board Member Dr. Michael Carron & Stanislava Crittenden; Dr. and Mrs. Gerardo Lugo; Dr. & Mrs. Ernest Wu; and Dr. & Mrs. Daniel Stingl.



President's Message:

A Season of Opportunity

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

Like the changing of the leaves every fall, one can gauge the return of the snowbirds by the changing of the Naples Daily News.

Where once there may have been "community contributor" editorial content or light news stories about air conditioner theft, there is now ad after ad indicating medical seminars on the latest and greatest techniques in orthopedic surgery, plastic surgery, prostate cancer treatment, ophthalmologic surgery, and cardiologic care.

There will also be a commensurate rise in full page and omnipresent ads indicating that this is MY hospital for Positively Great Care. In a profession where advertising was once considered gauche, it is become clear that one must now compete for patients. Never is this sea change truer than in a community that is as seasonal as our own.

I, myself, routinely use advertising as a tool to attract and remind patients as well as colleagues of a strong desire to remain both active and relevant.

But does this increased level of activity and effort add up to something more for our patients? I suspect that it does. I am a strong believer in patient education. The noun **doctor** is derived from the Latin verb **docere**, which means "to teach." I host educational events for the patients in my practice and find the response to be overwhelming. In a community with great seasonal variability, we are forced to "make hay while the sun shines." As such, we must actually demonstrate our value year after year. Resting on ones laurels will not work in Collier County.

However, this environment of competition should benefit both the providers as well as the patients. One could readily demonstrate that the number of joint replacement surgeries performed on active and/or frail 85-year-olds is greater in Naples than any place throughout the country. This experience clearly benefits both the patients and the entire community of providers.

When one resides in an environment where the average 85-year-old is in a wheelchair or a rocking chair with a shawl rather than on a tennis court of golf course, perception of an anticipated or expectant activity level can be altered.

As I recall from my training in Cleveland, a 65-year-old in Cuyahoga County is considered to be quite old. In Naples, the average 65 -year-old may have a level of expectation that would match an individual that would generally be considered middle-aged. At 65, doubles tennis, cycling on a recreational team, a robust social life and 20-year life expectancy are the norm. I have only recently reached the point where I have decided to define "old" as over 95. I still have a couple of patients reluctant to except this definition.

In fact, I am delighted to live in a community where older patients are treated with great value. I'm also delighted to live in a community where there is a significant amount of emphasis placed upon competition as well as education. These processes create a "value added" component to a medical community for seasonal patients. Not too surprisingly one will frequently encounter patients that defer care in a greater metropolitan area to receive it here in our beautiful corner of Southwest Florida.

Some will not welcome the great snowbird surge in medical activity that occurs every fall. Despite the disruptive number of medical advertisement in our local newspaper, that surge ensures a quality of care difficult to find in another community. We are here for the snowbirds, they are not here for us.

Pictures from the September Membership Meeting

(1) CCMS Past President Dr. Brett Stanaland, Vicki Sweet and Lee County Medical Society Past President Dr. Craig Sweet; **(2)** Dr. Rafael Haciski and Dr. Cesar DeLeon; **(3)** Dr. and Mrs. Craig Eichler; **(4)** CCMS President Dr. D. Scott Madwar and Dr. Eric Eskioglu.

Circle of Friends – A Program of Preferred Vendors

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.

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Contact: Richard S. Annunziata, Esq.
Business Type: Legal
Phone: 239-992-6578 Fax:239-992-9328
rsannunziata@bmdpl.com

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Clifford Medical Billing Specialists, Inc.
Contact: Lisa Clifford, CPC
Business Type: Medical Billing
Phone: 239-325-2088 Fax: 239-325-2089
lisa@cliffordmedicalbilling.com

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Business Type: Medical Staffing
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leslie.drake@expresspros.com

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First Professionals Insurance Company
Contact: Shelley Hakes
Business Type: Insurance
Phone: 1-800-741-3742 Fax: 904-354-6132
hakes@fpic.com

FPIC Insurance Group, Inc. is a leading provider of medical professional liability insurance for physicians, dentists and other healthcare providers. It is the largest writer of MPL insurance in Florida and has served the market for over 30 years. FPIC offers CCMS members a 5% discount.

Hill, Barth & King LLC
Contact: Ronald Walther
Business Type: Accounting
Phone: 239-263-2111 Fax: 239-263-0496
rwalther@hbkcpa.com

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Contact: Danny Morgan
Business Type: Banking
Phone: 239-659-2813 Fax: 239-262-1720
danny.morgan@ironstone.com

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Contact: Janet Moore
Business Type: Insurance
Phone: 239-931-5600 Fax: 239-931-5604
jmoore@lykesinsurance.com

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MCAG - Managed Care Advisory Group
Contact: Jonathan Gadd
Business Type: Physician Management Services
Phone: 800-355-0466, ext. 228 Fax: 866-747-8947
jgadd@mcaginc.com

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M&I Bank
Contact: LeeAnn Kirwin
Business Type: Banking
Phone: 239-403-2245 Fax: 239-261-5970
leeann.kirwin@micorp.com

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Contact: Jeremy Darstek or Dan Shannon
Business Type: Business Consulting
Phone: 239-690-9819 Fax: 239-690-9821
info@meridianbusinessconsultants.com

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Porter Wright Morris & Arthur, LLP
Contact: Linda R. Minck
Business Type: Law Firm
Phone: 239-593-2967 Fax: 239-593-2990
lminck@porterwright.com

Porter Wright works with health care businesses and providers to solve complex legal problems, stay in compliance with regulatory obligations, and take advantage of growth opportunities. From labor and employment law to business law and litigation, our attorneys help health care clients achieve their goals.

The Print Shop
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Business Type: Printing and Media Services
Phone: 239-775-3553 Fax: 239-775-5273
msmith@theprintshop.tv

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peter.montalbano@rehmann.com

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Legislative Update

The Legislative session starts on January 12, 2012 and ends on March 9th. We will keep you up to date on the progress of bills supported by the FMA legislative agenda and on those they oppose.

Your State Senator for District 37 is Garrett Richter and your State Representatives are Matt Hudson in District 101 and Kathleen Passidomo in District 76. These individuals represent your interests in the upcoming session. You can reach them at their Tallahassee offices:

State Senator
Garrett Richter
850-487-5124

State Representative
Kathleen Passidomo
850-488-4487

State Representative
Matt Hudson
850-488-1028

PARTNERS IN PHILANTHROPY

VOLUNTEERING IN YOUR NEIGHBORHOOD

by Mollie Page

The story of the Neighborhood Health Clinic is legendary, and is a satisfying reminder that people move mountains when mountains get in the way. The secret to its success is not just in creating a system that can be duplicated with each patient encounter, but also one that anticipates the resources necessary to provide positive outcomes.

Dr. George Ferguson, Nancy Lascheid and Jim Warnken, CEO

It's safe to assume that just about everyone in the local healthcare community has either met or heard of the Lascheids. Nancy, the capable nurse with soft eyes whose caring commands are followed by both patient and patron; and Bill, the former CCMS President and soft-spoken doctor who never seems tired, impatient or unwilling to be where he can do the most good.

Open to patients 10 days a month, the clinic relies on 732 volunteers, many of whom are trained healthcare providers like Erica Hinson, an ER nurse and Dr. George Ferguson, a local internist with a concierge practice in Naples.

Dr. Ferguson has volunteered at the clinic for over 12 years and recently agreed to chair the clinic's Strategic Planning Commitee. In this capacity, Dr. Ferguson will be helping to recruit physicians.

Aside from working under the protection of sovereign immunity, Dr. Ferguson says physician volunteers enjoy benefits of collegiality beyond just the social advantages.

When asked how volunteering at the clinic can benefit a doctor and his/her patients, Dr. Ferguson said, "There's a diversity in cases here that you don't get in a typical medical office environment."

Dr. Ferguson admits that access to cases and treatments for unusual infections and diseases like malaria or advanced cancers trigger memories of being a medical student.

"If doctors want to utilize the full capacity of their medical training without losing momentum in their career, then they should really consider volunteering at our clinic."

Jim Warnken, a CPA whose heavy healthcare business background will be an advantage for the only fully privatized community supported and funded healthcare facility in Collier, thinks doctors volunteer at the clinic because they know their time will be well spent.

Warnken was hired as the new CEO so Nina Gray could focus on donor stewardship, grant writing and building the William P. Lascheid, MD Endowment.

"Doctors want to see progress happening. They want to give to something that matters, and they hate to waste time. The Lascheid's have a flow that makes sense to them and works," said Warnken.

Because the clinic delivers care to up to 90 patients in a four-hour period that crosses into dinner time, meals and healthy snacks are provided by either volunteers or several local restaurants.

There are success stories the doctors like to tell like the patient who, for eight months, presented with recurrent nosebleeds to the ER. After neglecting to obtain the recommended follow up care due to inability to pay, the ER referred the patient to the Neighborhood Health Clinic. Within a few days, the clinic was able to coordinate surgery to remove a mass in the right nostril by Dr. John Alburger.

But beyond the apparent advantage of having an interesting cocktail party story, doctors that give their talents to this fully functioning clinic will be substantially impressed at what they've been able to accomplish from pharmaceutical companies.

A team of patient assistance program volunteers negotiate with drug companies or write grants to dispense $225,000 [retail] in medications each month.

"We can't attract doctors here and then expect them to be effective at managing a patient's chronic illness without access to medication," said Dr. Ferguson. "That's often where the gap lies. We see many patients that have an old prescription from another doctor, but just weren't able to afford to get it filled."

Pharmacotherapy is a service the clinic offers with most medications going to clients with diabetes, hypertention and high blood pressure. Admittedly, the clinic also prescribes a lot of antibiotics. The clinic is especially proud of its ability to negotiate medications like BYETTA® and INCIVEK™.

In fact, because the clinic has harnessed all the right resources including medications and clinicians, it now provides a Hepatitis C treatment program.

It costs $4,600-$100,000 to treat a patient with Hepatitis C. In one case, the clinic treated a patient with oral INCIVEK for the first 12 weeks along with the traditional PEGASYS[®] and COPEGUS[®.

Dr. Zorayda Torres and patient.

When the clinic ran tests after the patient's therapy, the patient came up negative for Hep C.

The clinic presently has six patients in the Hep C program. The cost to treat a patient for 48 weeks with PEGASYS and COPEGUS is about $25,000 a month. The retail cost of INCIVEK is about $21,000 a month. There's no way the clinic could have achieved this without the Patient Assistance Programs.

You'll be interested to know that there are also 39 dentists that volunteer for the clinic. In all, 250 physicians volunteer for the clinic. Dr. Ferguson typically gives one night a month and sees 20 patients in that time. Approximately 70-90 patients are seen in the four-hour period by four to eight physicians. The clinic is also open two Saturdays a month.

"It's easy to work here because the patient flow is set up well. I just go room to room. All the legwork is done. The patient is prepped, vitals take, and history done," said Dr. Ferguson.

Dr. Zorayda Torres and Dr. Ferguson saw four patients each in less than an hour on the evening I visited. I waited until both finished dictating notes before snapping the front cover image.

Dr. Ferguson said the biggest difference between the clinic's patients and his practice's patients is that his practice's patients come in for one reason and typically leave with one remedy. While in the clinic's case, many of the patients come in for one reason, but should have come in a long time beforehand because they usually put one medical issue off until another problem demands attention.

Volunteers Sandy Landers, RN and Dr. George Ferguson attend to a patient.

"That's when you get a rotator cuff strain with an arthritic knee and high blood pressure," said Dr. Ferguson. "The other difference is that I like going a little bit beyond what's expected. I'm a happier doctor because this lets me interact with peers and experience a different way of practicing medicine. When you're a solo practitioner or work with the same people, it's a nice treat to be able to see and experience how others do it. I've learned many things here that I've been able to take back to my practice. I call it field training."

Physicians can volunteer once a year or once a month. Specialists are also needed as the clinic works directly with providers in many cases to coordinate care.

If you're interested in volunteering, contact the clinic at 261-6600 to request a meeting with Dr. Ferguson.

Any misinterpretation of clinical details falls on the author and not on the clinic.

PART 2

Consignment Closets: Still Viable for DME Providers

by Jeffrey L. Cohen & Albert R. Meyer, The Florida Healthcare Law Firm

In the September/October 2011 issue of The Forum*, Mr. Cohen and Mr. Meyer discussed the Stark acceptable rental arrangements that physicians and durable medical equipment companies should follow for Consignment Closets or "Stock and Bill" arrangements. These rental arrangements allow patient to immediately receive equipment or devices that they need at a physicians office. Part two of this issue discusses additional considerations under this arrangement.*

The Anti-Kickback Statute is a criminal statute that prohibits anyone to knowingly and willfully offer, pay, solicit or receive any payment, directly or indirectly, overtly or covertly, in cash or in kind in return for referring an individual to another person for furnishing or arranging for the furnishing of any item or service or the purchasing, leasing ordering or arranging of any good, facility, service or item that may be paid for by a Federal health care program. The government implemented numerous "safe harbors" that exempts from scrutiny an arrangement which meets ALL of the specified standards. With the consignment closet arrangement, two safe harbors come into play. The first is called the "personal services safe harbor" and the requirements are similar to those of the Stark personal services exception. This safe harbor permits payments by a DMEPOS supplier to a physician so long as the following six standards are met:

1. The agreement is in writing and signed by the parties.
2. The agreement specifies the services to be provided by the parties.
3. If the agreement is intended to provide for service of the agent on a periodic, sporadic or part-time basis, rather than a full time basis, for the term of the agreement, the agreement must specify the schedule of such interval, the precise length and the exact charge for such intervals.
4. The term of the agreement must be not less than one year.
5. The aggregate compensation paid over the time of the agreement is set in advance, is consistent with fair market value in arms-length transactions and is not determined in a manner that takes into account the volume or value of any referrals or business generated between the parties for which payment may be made in whole or in part under Medicare or Medicaid.
6. The services performed under the agreement do not involve the counseling or promotion of a business arrangement or other activity that violates any State or Federal law.

The other safe harbor is called the "space rental safe harbor." It quite similar to the personal services safe harbor in that it requires:

1. The agreement is in writing and signed by the parties.
2. The agreement covers all of the premises rented by the parties for the term of the agreement and specifies the premises covered by the agreement.
3. If the agreement is intended to provide the lessee with access to the premises for periodic intervals of time rather than on a full time basis for the term of the rental agreement, the rental agreement must specify exactly the schedule of such intervals, their precise length and the exact rent for such intervals.
4. The term of the rental agreement is for not less than one year.
5. The aggregate rental charge is set in advance, is consistent with fair market value in arms-length transactions and is not determined in a manner that takes into account the volume or value of any referrals or business generated between the parties for which payment may be made in whole or in part under Medicare or Medicaid.
6. The aggregate space rented does not exceed that which is reasonably necessary to accomplish the commercially reasonable business purpose of the rental.

The content of this article for informational purposes only and should not be considered legal advice. Each situation is different and it is recommended that you contact an experienced health care attorney to advise you on the subjects discussed in this article. Health care laws and regulations are subject to rapid change and the information transmitted in this article may not be applicable in the future. Mr. Cohen and Mr. Meyer can be reached at www.floridahealthcarelawfirm.com and also by calling toll free at (888) 455-7702.

Non-Addicting Agents for Insomnia, Anxiety & Pain

by Dan Deutschman, M.D., guest commentary

Here's the problem: The current "go to" medications for insomnia, anxiety and pain are addicting. This includes benzodiazepines, opioids and the new "Z" drugs: Zolpidem (Ambien), Eszopiclone (Lunesta), Zaleplon (Sonata). Addicting agents put addicts and their family members at risk for addiction. Even in patients who don't develop an addiction, these agents damage neuroreceptors via receptor up and down regulation. This damage goes unrecognized until the dose of the addicting agent is reduced. At that time the patient experiences an exacerbation of insomnia, anxiety or pain.

Overarching Issues:

1. Do not reduce the dose of the addicting agent until the non-addicting agents have improved the patient's symptoms.
2. Start immediate acting, non-addicting agents first.
3. Start delayed onset, non-addicting agents later, once the patient has begun to improve.
4. Only when the patient is symptom free, gradually reduce the dose of the original addicting agent (15% per week).
5. If necessary, titrate up the dose of the non-addicting agents to counter any recrudescence of symptoms brought on by the reduction in the dose of the addicting agent/s.
6. Document informed consent where agents are used "off-label" for indication or dose.

Insomnia:

Trazodone (Desyrel), an immediate acting, non-addicting agent for sleep is effective at doses from 50 to 300 mg qhs. Orthostatic hypotension is the most important side effect. This can result from too aggressive a dose initiation or titration. The most common error in the use of Trazodone is failure to titrate the dose high enough. The FDA label ceiling is 600mg/d.

Gabapentin (Neurontin) (off-label), (FDA approved for Partial Seizures and Pain in doses up to 3,600mg/d) can be very helpful for sleep. Doses initiated at 300mg qhs often need to be doubled after 3 days. Titration to 1,600mg qhs may be necessary. Duration of action is 5 to 7 hours. Patients awaken refreshed. Side effects can be sedation and unsteadiness. Gabapentin has no drug-drug interactions and affects no organs. It is excreted exclusively by the kidney.

If depression is the cause of the insomnia, treatment with an SSRI should be started.

Anxiety:

Gabapentin (off-label) works immediately. Initial doses of 300mg q4h prn often need to be doubled in 3 days. Titration upwards to 1,200 mg q4h prn may be necessary. There is no real ceiling to the Gabapentin dose.

SSRI's and Buspirone (Buspar) have a delayed onset of action (4 to 6 weeks). Once anxiety is contained with Gabapentin, an SSRI or Buspar can be started. The biggest error seen with the use of SSRI's or Buspirone is inadequate final dose. Gradually titrate Buspirone to 60mg/d; SSRI's Sertraline (Zoloft) to 100mg/d and Fluoxetine (Prozac) to 40mg/d.

Pain:

Gabapentin needs to be used in large doses for pain. Starting at 800mg q4h prn, dose titrations to 2,400mg q4h prn may be necessary. The biggest error seen with Gabapentin for pain is inadequate dose. Total 24 hour dose may need to be as high as 9,600mg (three times the FDA label). No adverse events have accompanied these large doses, titrated gradually. NSAID's often can be useful when added to Gabapentin.

Bupropion (Wellbutrin, off-label) should be initiated at 150mg qam and titrated to 450mg/day if pain persists in spite of Gabapentin and an NSAID. The biggest error seen with Bupropion for pain is inadequate dose. Bupropion may take 4 to 6 weeks to work. If concerns about seizures are present, 24 hour sleep-deprived EEGs can be obtained to look for pre seizure activity e.g. temporal spiking. When doses are adequate, the combination of these three agents is often very effective. Nortriptyline (Pamelor/ Aventyl) (off-label) should be added If pain persists. At this point the patient will be on four agents. Nortriptyline is less toxic and better tolerated than Amitriptyline (Elavil). There is a drug-drug interaction between Bupropion and Nortriptyline. Monitor the Nortriptyline blood level. The level should be between 100–125ngm/dl. This generally requires 75mg/d initiated at 25mg qhs and titrated at one-week intervals.

Dr Deutschman has personal experience using Gabapentin in over 3,000 patients in doses that far exceed the FDA 3,600mg/d

Solution:

Patients can become symptom-free with the right combination of non-addicting agents titrated to the proper doses. None of these agents cause euphoria or dream-like states. Some addicts will miss this. Non-addicts will appreciate the return of a clear sensorium, the restoration of their energy level and a return of their "joy of living".

1) Gabapentin Product Monograph. Parke-Davis, Division of Warner Lambert Co. Morris Plains, NJ, Parke-Davis, 1994
2) www.ncbi.nlm.nih.gov/pubmed?term=gabapentin
3) Gabapentin (Neurontin) - eMedExpert.com, www.emedexpert.com, www.emedexpert.com/facts/gabapentin-facts.shtml

NEWS FROM THE HEALTH DEPARTMENT

Contagion Movie Presents Opportunity to Inform Patients

by Deb Millsap, M. Ed., RD, LD/Director of Health Education-Public Information, Collier County Health Department

Perhaps you or some of your patients watched the movie, Contagion when it came out in September? If not, as it is released as a DVD or shown on a movie channel, it is likely you will be asked about it by concerned patients, or maybe even friends. Contagion is a movie about a bird flu pandemic and how quickly the virus can spread. Although it has the potential to terrify audiences, we believe most people will walk away appreciably more aware of the impact a highly contagious virus could have on our personal lives, our communities and on the world. At the very least, we hope it will make everyone more vigilant about personal hygiene habits and really drill home hand washing and staying home when ill, once and for all!

Because of your role in the health community, you may be asked questions about whether or not such a scenario is possible. And although the H1N1 pandemic turned out to be an only mildly contagious virus which did not mutate, hence was manageable – albeit, with a significant community vaccination effort, we know a more severe bird flu is not only a real possibility, but something many community agencies have been preparing for since a Community Preparedness Task Force formed over 10 years ago.

This task force, under the direction of the Collier County Health Department (CCHD), has worked diligently to prepare. If asked, please be proactive in sharing how our community has readied for such a scenario. Some of the preparations we have made locally include:

Over 15 health, safety and human services agencies have been working together as the Community Preparedness Task Force since the year 2000. The goal of this committee is to address potential all hazard threats to our community, including a highly contagious virus, and prepare in advance.

Under Emergency Management's guidance, all of the agencies participate in disaster drills at least annually.

The CCHD's Epidemiology Department is proficient in conducting contact disease investigations which help control the spread of disease. Without our Epidemiology team, we would have significantly more disease spread in our community. They track down disease cases daily to limit transmission and keep our public safe. During H1N1, Epidemiology was instrumental in limiting the spread of H1N1 in our community.

Healthcare providers were critical to the process by providing Epidemiology with information needed to prompt and administer comprehensive investigations. In addition, when vaccine became available, in an excellent example of team work, private providers gave 51,000 of the total 110,000 vaccines administered in Collier County.

The CCHD has a robust syndromic surveillance system which serves to identify unusual diseases reported in emergency room departments. A spike in any serious illness would be detected through this system.

The CCHD, Emergency Management and Red Cross work together to deliver accurate emergency and public health-related guidance to our community through media, faith based organizations, communities and businesses.

During H1N1, **CollierPrepares.org** made a symptom algorithm available to the community to check their symptoms to see if they remotely matched the flu virus. The web-based program gave people recommendations to either seek medical treatment or continue to monitor their symptoms at home. This tool could be used for other disease outbreaks to reduce the surge on emergency rooms and healthcare offices.

Collaboration toward a unified message during H1N1 occurred because task force partners spoke the same health and safety language. Hence, the media and community received accurate, timely information. An informed community is less likely to panic in the midst of a crisis.

Over 15 health, safety and human services agencies have been working together as the Community Preparedness Task Force since the year 2000.

First responders communicated public health recommendations to their most at risk for exposure personnel during H1N1 and will continue to do so in future outbreaks so as to protect critical health infrastructure and limit spread of disease.

Because of extensive education outreach, governmental agencies; hospitals, clinics and healthcare offices; first responders; a number of businesses and communities have plans in place to handle potential pandemic challenges including: infection control, absenteeism, cross-training, critical communication chains, etc.

Let us hope the worst case scenario as witnessed in the movie "Contagion" never occurs. However, if it heightens viewers awareness and they practice healthy hygiene habits, all will not be in vain! Hand washing, sneezing/coughing into one's sleeve, social distancing and staying home when ill, all help fight the spread of seasonal flu, noroviruses and other easily communicable diseases which are a part of what those of us in healthcare address every day.

Note: If your office needs assistance with creating a Continuity of Operations Plan (COOP) to help your practice plan, respond and recover from a disaster, natural or man-made, call 252-2631 and at no cost our Preparedness Planning Consultant will guide you.

Medical Professionals: An Rx for Your $ Health

by Peter Montalbano, CFP, Director, Wealth Advisor, Harris Private Bank, a CCMS Preferred Vendor

The demands on medical practitioners today can seem overwhelming. It's no secret that health-care delivery is changing, and those changes are reflected in the financial issues that health-care professionals face every day. You must continually educate yourself about new research in your chosen specialty, stay current on the latest technology that is transforming health care, and pay attention to business considerations, including ever-changing state and federal insurance regulations.

Like many, you may have transitioned from medical school and residency to being on your own with little formal preparation for the substantial financial issues you now face. Even the day-to-day concerns that affect most people – paying college tuition bills or student loans, planning for retirement, buying a home, insuring yourself and your business – may be complicated by the challenges and rewards of a medical practice. It's no wonder that many medical practitioners look forward to the day when they can relax and enjoy the fruits of their labors.

Unfortunately, substantial demands on your time can make it difficult for you to accurately evaluate your financial plan, or monitor changes that can affect it. That's especially true given ongoing health care reform efforts that will affect the future of the industry as a whole. Just as patients need periodic checkups, you may need to work with a financial professional to make sure your finances receive the proper care.

Maximizing Your Personal Assets

Much like medicine, the field of finance has been the subject of much scientific research and data, and should be approached with the same level of discipline and thoughtfulness. Making the most of your earning years requires a plan for addressing the following issues.

Retirement

Your years of advanced training and perhaps the additional costs of launching and building a practice may have put you behind your peers outside the health-care field by a decade or more in starting to save and invest for retirement. You may have found yourself struggling with debt from years of college, internship, and residency; later, there's the ongoing juggling act between making mortgage payments, caring for your parents, paying for weddings and tuition for your children, and maybe trying to squeeze in a vacation here and there. Because starting to save early is such a powerful ally when it comes to building a nest egg, you may face a real challenge in assuring your own retirement. A solid financial plan can help.

Investments

Getting a late start on saving for retirement can create other problems. For example, you might be tempted to try to make up for lost time by making investment choices that carry an inappropriate level or type of risk for you.

Speculating with money you will need in the next year or two could leave you short when you need that money. And once your earnings improve, you may be tempted to overspend on luxuries you were denied during the lean years. One of the benefits of a long-range financial plan is that it can help you protect your assets—and your future—from inappropriate choices.

Tuition

Many medical professionals not only must pay off student loans, but also have a strong desire to help their children with college costs, precisely because they began their own careers saddled with large debts.

Tax considerations

Once the lean years are behind you, your success means you probably need to pay more attention to tax-aware investing strategies that help you keep more of what you earn.

Using Preventive Care

The nature of your profession requires that you pay special attention to making sure you are protected both personally and professionally from the financial consequences of legal action, a medical emergency of your own, and business difficulties. Having a well-defined protection plan can give you confidence that you can practice your chosen profession without putting your family or future in jeopardy.

Liability insurance

Medical professionals are caught financially between rising premiums for malpractice insurance and fixed reimbursements from managed-care programs, and you may find yourself evaluating a variety of approaches to providing that protection. Some physicians also carry insurance that protects them against unintentional billing errors or omissions.

Remember that in addition to potential malpractice claims, you also face the same potential liabilities as other business owners. You might consider an umbrella policy as well as coverage that protects you against business-related exposures such as fire, theft, employee dishonesty, or business interruption.

Disability insurance

Your income depends on your ability to function, especially if you're a solo practitioner, and you may have fixed overhead costs that would need to be covered if your ability to work were impaired. One choice you'll face is how early in your career to purchase disability insurance. Age plays a role in determining premiums, and you may qualify for lower premiums if you are relatively young. When evaluating disability income policies, medical professionals should pay special attention to how the policy defines disability. Look for a liberal definition such as "own occupation," which can help ensure that you're covered in case you can't practice in your chosen specialty.

To protect your business if you become disabled, consider business overhead expense insurance that will cover routine expenses such as payroll, utilities, and equipment rental. An insurance professional can help evaluate your needs.

Practice Management & Business Planning

Is a group practice more advantageous than operating solo, taking in a junior colleague, or working for a managed-care network? If you have an independent practice, should you own or rent your office space? What are the pros and cons of taking over an existing practice compared to starting one from scratch? If you're part of a group practice, is the practice structured financially to accommodate the needs of all partners? Does running a "concierge" or retainer practice appeal to you? If you're considering expansion, how should you finance it?

Questions like these are rarely simple and should be done in the context of an overall financial plan that takes into account both your personal and professional goals. Many physicians have created processes and products for their own practices, and have then licensed their creations to a corporation. If you are among them, you may need help with legal and financial concerns related to patents, royalties, and the like. And if you have your own practice, you may find that cash flow management, maximizing return on working capital, hiring and managing employees, and financing equipment purchases and maintenance become increasingly complex issues as your practice develops.

Practice Valuation

You may have to make tradeoffs between maximizing current income from your practice and maximizing its value as an asset for eventual sale. Also, timing the sale of a practice and minimizing taxes on its proceeds can be complex. If you're planning a business succession, or considering changing practices or even careers, you might benefit from help with evaluating the financial consequences of those decisions.

Estate Planning

Estate planning, which can both minimize taxes and further your personal and philanthropic goals, probably will become important to you at some point. Options you might consider include:

- **Life insurance**
- **Buy-sell agreements for your practice**
- **Charitable trusts**

You've spent a long time acquiring and maintaining expertise in your field, and your patients rely on your specialized knowledge. Doesn't it make sense to treat your finances with the same level of care?

Contact Peter at (239) 659-6216 or peter.montalbano@harrisbank.com

From Rocket Scientist to Brain Surgeon

An Interview with CCMS Members Eric Eskioglu, M.D. and Brian Mason, M.D.

by Mollie Page

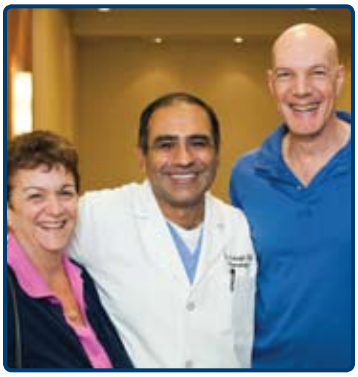
Is there a connection between aerospace fluid dynamics and neuroendovascular surgery?

"Yes" said Dr. Eric Eskioglu, the Medical Director at Physicians Regional Healthcare System's new NeuroVascular and Stroke Institute. "Studying the fluid dynamics of jet engine is similar to studying the fluid dynamics of blood in the brain."

The former aerodynamics engineer was volunteering at a children's hospital when he made the decision to change careers. His brother and partner at PRHC, Dr. Brian Mason, was already working as an interventional neuroradiologist when he learned of his brother's career change. Now the two, with support from PRHC, are working side-by-side to change the way doctors and patients think about strokes.

Dr. Eskioglu is the only neurosurgeon in SW Florida who, along with his brother, Dr. Brian Mason, performs minimally invasive surgery of brain diseases through the artery in the groin. Dr. Eskioglu also has advanced skull base training to perform complex brain surgeries for tumors and vascular abnormalities using traditional open neurosurgical techniques.

"Most strokes, 85 percent, are ischemic strokes," said Dr. Mason. "Current stroke protocols call for treatment with tPA, which can be given up to 4.5 hours after onset of symptoms. Unfortunately, due to time constraints, only 3-5% of patients receive this treatment. We can pull the offending clot in the brain vessel out up to 8 hours after onset of symptoms."



Dr. Eric Eskioglu (c) with a patient and his spouse.

There are over thousand stroke victims in Collier County and an additional 3,000 in the surrounding counties.

"Unfortunately, a majority of these patients do not have access to or do not qualify for the intravenous clot busting drug," said Dr. Eskioglu. "Their next hope is to be transferred to an advanced stroke center. Every minute counts and the nearest treatment center besides PRHS is either at the University of Miami or University of Florida."

Approximately 15% of strokes are hemorrhagic, possibly due to a ruptured aneurysm in the brain. Dr. Eskioglu and Dr. Mason treat these aneurysms, especially ruptured ones, through the femoral artery by putting platinum coils into the aneurysm in order to speed up the patients' recovery. Unlike the heart which has four vessels, the brain has hundreds of blood vessels. The doctors have to choose from over 300 different coils, varying in size from an 8th to a 14th thousands of an inch in caliber, and 2 to 30 centimeters in length to treat the aneurysm.

"We customize the coils and surgery based on the patients' anatomy and aneurysm morphology," said Dr. Eskioglu. Approximately 50% of their aneurysm patients are treated electively before it ruptures, allowing the patient to go home the next day.

"We rely on primary care physicians, neurologists, vascular surgeons and other specialists to identify patients with aneurysms or other intracranial pathologies," said Dr. Mason. "Ophthalmologists are a first line of stroke predictors by identifying patients who have blindness due to blockage of blood vessels in the eye, which is a part of the nervous system. Patients with eye strokes are eight times more likely to suffer from a devastating brain stroke. Identifying these patients and treating them before they suffer a neurologic event is vital. In addition, our colleagues in Ophthalmology can identify patients with intracranial brain tumors such as a pituitary tumor or an intracranial aneurysm after examining the eye and refer them for treatment."

Anticipating a new bi-plane angiography suite with smart technology and the capability to perform teaching webcasts in 2012, the doctors agree that the most critical element in saving the lives of stroke patients is having a collaborative multi-disciplinary team approach from the ER to the OR to the intensive care unit. They acknowledge Dr. Richard Juda, who is the director of the critical care department, as vital to their patients' recovery.

"It takes time, dedication and collaboration from specialists in the ICU including nurses, pharmacists, physiatrists, nutritionists and a patient's family members to optimize patient care and improve outcomes," said Dr. Mason. "We are building a NeuroVascular Program that's traditionally only found in academic centers."

Both doctors are members of the American Stroke Association. They share the 24/7 call, taking six months of call each. Like most doctors, due to their busy practice, they admit that any free time they have is spent with their families. Both agree it is a combination of a pediatrician father and deep family values of working hard that fuels them.

The brothers are actively involved in the community and want to raise awareness of stroke by discussing treatment options publicly and with other doctors. In September, Dr. Eskioglu gave a presentation to Medical Society members about advanced surgical treatment options of intracranial vascular problems, including use of a liquid rubber polymer called ONYX 500HD. On November 17, they will give a presentation to local ophthalmologists.

They also organize quarterly aneurysm support group meetings through a non-profit charity to discuss anything former and current patients want to discuss (see photos in this article).

"We are very close to our patients and their families," said Dr. Eskioglu, flipping through photos of patients smiling on his iPhone. Pointing to a picture of two women he said, "We helped this mother and daughter who had ruptured aneurysms 15 minutes apart. They had an excellent recovery and returned to Germany."

"It's very important to support and encourage collaborative approaches in medicine in order to secure good outcomes," said Dr. Eskioglu. "Our goal is to inform and educate the public, physicians and hospital administrators so that we can become a medical destination where clinical excellence can thrive."

Dr. Brian Mason (r) with a patient.

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NAPLES, FL
PERMIT NO. 507

Richard Pagliara, D.O., Editor
Eric Hochman, M.D., Associate Editor
1148 Goodlette Road North
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
E-mail info@ccmsonline.org
www.ccmsonline.org