



THE FORUM

November/December 2016 • Volume 15, No. 6 • The Official Magazine of Collier County Medical Society

CCMS Member Spotlight

Hobbies that Heal:

How Three Local Physicians are Dancing, Singing and
Entertaining Their Way into the Hearts of Many



Dr. Alain Alvarez



Dr. Chris Cugini



Dr. Kae Ferber

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CALENDAR OF EVENTS

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

Friday, November 11, 6:00pm
CCMS New Members Welcome Reception
Wyndemere Country Club

Tuesday, November 15, 6:30pm
CCMS Alliance Nordstrom Shopping Fundraiser
Nordstrom Waterside
\$75 at the door

Wednesday, November 16, 6:00pm
**CCMS CME Seminar: The Role of Physicians in
Death Certification & End-of-Life Conversations**
Brookdale Naples

Tuesday, December 6, 5:30pm
NCH CME Mandatories: Domestic Violence
NCH Downtown, Telford Building
Open to all physicians, no RSVP necessary

February 2017 (exact date/time TBA)
Foundation of CCMS Wine Tasting Fundraiser
Stay tuned for details

Saturday, March 4, 2017
9th Annual CCMS Women's Health Forum
St. John the Evangelist Catholic Church

Saturday, May 13, 2017
**60th Anniversary CCMS Annual Meeting &
Installation of Officers**
Quail Creek Country Club

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CCMS Member Dues

Don't lose your CCMS member benefits! The 2017 CCMS member dues deadline is December 31, 2016. Members (or their groups) can pay online today at ccmsonline.org/membership. Printed dues invoices will also be mailed directly to members who pay individually, or to practice administrators for group payment. To pay your FMA dues, go to flmedical.org, and to pay your AMA dues go to ama-assn.org.

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**HAPPY
THANKSGIVING**



MEMBER NEWS

New Members:



Sivan S. Golan, M.D.

Musculoskeletal Radiology
Partner's Imaging
730 Goodlette Rd N Ste 101
Naples, FL 34102
Phone: (239) 262-5151 Fax: (239) 262-4216
Board Certified: Diagnostic Radiology



Frances M. Hernandez, M.D.

The Woodruff Institute for Dermatology &
Cosmetic Surgery
2235 Venetian Ct, Ste 1
Naples, FL 34109
Phone: (239) 596-9337 Fax: (239) 596-9466
Board Certified: Dermatology



Giselle Martin, M.D.

Groom Eye Center
3455 Pine Ridge Rd
Naples, FL 34109
Phone: (239) 597-5700 Fax: (239) 597-3500
Board Certified: Ophthalmology



Patrick A. Nero, M.D.

Vein Specialists
3359 Woods Edge Cir #102
Bonita Springs, FL 34134
Phone: (239) 694-8346 Fax: (239) 936-6272
Board Certified: General Surgery



Rishi H. Ramlogan, M.D.

Surgical Healing Arts Center
6150 Diamond Centre Ct #1300
Ft. Myers, FL 33912
Phone: (239) 344-9786 Fax: (239) 344-9215
Board Certified: General Surgery



Mustafa K. Rikabi, M.D.

Internal Medicine
HNI Health Care/FMA Hospitalists
8971 Daniels Center Dr Ste #307
Ft. Myers, FL 33912
Phone: (239) 210-4247 Fax: (239) 210-4248



Robin S. Ross, M.D.

Avow Hospice
1095 Whippoorwill Ln
Naples, FL 34105
Phone: (239) 261-4404 Fax: (239) 262-2429
Board Certified: Internal Medicine, Hospice &
Palliative Medicine



Frank M. Vina, M.D.

HNI Healthcare/FMA Hospitalists
8971 Daniels Parkway #307
Ft Myers, FL 33912
Phone: (239) 210-4247 Fax: (239) 210-4248
Board Certified: Internal Medicine



Louis A. Wasserman, M.D.

Naples Heart Rhythm Specialists PA
201 8th St S #102
Naples, FL 34102
Phone: (239) 682-6603 Fax: (239) 263-2014
Board Certified: Cardiovascular Disease,
Cardiology

New Practice:

Malia M. Jackson, M.D.

Jackson Medical Enterprise
4800 Aston Gardens Way
Naples, FL 34109
Phone/Fax: (239) 676-6570

New Location:

Jeffrey L. Craig, M.D.

Julie R. Southmayd, M.D.

NCH Concierge Medicine
311 9th N, Ste 306
Naples, FL 34102
Phone: (239) 624-0340
Fax: (239) 624-0341

Elizabeth Arguelles, M.D.

21st Century Oncology Inc.
820 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-3260
Fax: (844) 772-7328

Kriston Kent, M.D.

Kent Center for LIFE
Located in Assuage Luxury Spa
1201 Piper Blvd, Ste 1
Naples, FL 34110
Phone: (239) 514-7888
Fax: (239) 514-7977

Brent Lovett, M.D.

David Lawrence Center
6075 Bathey Ln
Naples, FL 34116
Phone: (239) 455-8500
Fax: (239) 455-6561

A Message from the President

Opportunity or Death Knell?

Rafael C. Haciski, M.D., President, Collier County Medical Society

*There is a tide in the affairs of men,
Which taken at the flood, leads on to fortune.
Omitted, all the voyage of their life is bound in shallows and in miseries.
On such a full sea are we now afloat.*

And we must take the current when it serves, or lose our ventures

from Shakespeare's Julius Caesar



I can't help but think about the creation of our country 240 years ago: what finally caused the colonials to become so dissatisfied with home rule that violent revolution resulted. History states it was excessive taxation on imported goods that finally broke the proverbial camel's back. **Are we physicians today in a similar situation, with incessant interference in our daily work, which has risen to such a level that morale has plummeted to unprecedented lows, our productivity has diminished,**

and errors have increased? Poll after poll shows significant (to the point of quitting medicine altogether) dissatisfaction levels above 50%. Suicide rate among physicians today is equivalent to losing an entire medical school graduating class each year. Yet the onslaught of new demands continues, while our organizations "rearrange the chairs on the Titanic." And many of us remain clueless as to the impending storm.

Lest someone accuse me of trying to instigate a violent revolt, I assure you I am NOT. But perhaps time has come for physicians to state an emphatic "No more, we've had enough!" We are somewhat hamstrung in such efforts by legislation prohibiting us from "colluding." The one sidedness of these laws (RICO as an example) is evident in that we cannot discuss/compare fees amongst ourselves, nor organize into unilateral action. Yet the government publishes Medicare fees, to which all insurers peg their "reimbursement," and insurers constantly coalesce together into a monopolistic bloc, while electing or not individual physician participation in their "provider panels."

The government has launched a project of limiting costs while increasing coverage. Mr. Slavitt's (interim Medicare director) statement of achieving excellent medical care for minimum cost ignores the basic economic principle that quality is costly; cutting corners, no matter how well intended or accomplished, only limits that quality. Rather than addressing known and fixable problems, such as Medicare fraud, expensive medications, and unreasonable medico-legal climate, the government instead imposes new paradigms, such as collecting data and meeting unproven "quality measures."

There are numerous discussions about the faults of electronic health records, but none seem to address the basic notion that our job, as medical "providers" is NOT to collect data, record quality outcomes, and justify billing information, but to heal the sick! Medical records should exist to aid us in taking care of medical problems expediently, efficiently, and effortlessly, leading to prompt healing. If bean counters wish to collect data, let THEM do it on their own time and nickel, not getting in between the patient and their doctor. They can read my notes (provided the patient consents freely and is not forced into such disclosure by threat of nonpayment) and abstract the information they want.

For half a century, insurers (including the government) refused to pay for "preventive" services, ignoring that prevention and healthy lifestyle are cornerstones to good health, minimizing future medical expenses. Today, prevention is promoted with vigorous but empty words, still not backed up with financial reimbursement. Only a couple years ago a major insurer informed me they would not pay for a patient's visit unless I removed the obesity diagnosis from my visit note! What am I to do with the patient who has 10 active problems I am trying to manage, but I can only report 4 on my HCFA 1500? When I spend time educating the patient, explaining their problems and the resolutions, I am penalized by insurers for spending that time by being dropped from their panels! Now the government proposes to grade us, and tie our payments to nebulous and unproven quality measures, while much of the health problem is public education, which is primarily government's responsibility.

Today the push is to transfer liability for poor health outcomes from the insurers (whose job is to cover that liability) to physicians. We, individual doctors (or groups of doctors) are not an insurance company, we are not set up to shoulder the financial liability tied to events not under our direct control. If anything, that responsibility should be transferred to the patients themselves. The two leading causes of death in the U.S. are cigarette smoking and obesity! If I tell a patient who smokes and is obese that he will die soon from a complication of either or both (mind you I would do that politely), he will "ding" me with a negative "quality" report to the detriment of us both. He will look for a doctor who tells him what he wants to hear in a 10-minute visit, gives him a prescription, and tells him to return in a year, but without having solved the underlying problems. The only thing this achieves is elimination of "good" doctors from the playing field, rewarding "bad" behavior.

Is MACRA the proverbial stick? And what should we do about it? Many already have done something – a few years ago employed physicians comprised some 25% of the workforce, today it is 55%. Employment shields us somewhat, but only temporarily, as eventually the "buck will stop at our desk." And employment carries its own hazards. Many of us have switched to concierge or "direct care" practices. This is of limited help as most patients do not have the resources to join such practices. I fear that most of the 60% of today's seriously dissatisfied doctors will quit medicine altogether. One highly placed physician administrator told me this will not happen "because the physicians are too invested" in the cash flow. But I am not sure he appreciates the level of dissatisfaction; the burnout and suicide rates speak for themselves, and no amount of well-intended counseling will change the hard facts.

Coming back to the quote from Shakespeare at the beginning, we can look at the current events as a tide upon which we can float, an opportunity rather than a death knell for private practice. There are other viable and successful choices: organizing ourselves into ACOs (accountable care organizations), CINs (clinically integrated networks), or some other practices without walls. However, as past efforts have shown, **active and vibrant participation** by local physicians is of **paramount importance** in the success of such organizations; without such participation, these efforts are doomed.

Therefore, if you wish to be part of a successful reorganization of the practice of medicine, please respond to our surveys (last survey about Medicare garnered 13 responses out of 550 members!), and plan to attend the exploratory meetings we will be organizing.

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CCMS Member Spotlight

Hobbies that Heal: How Three Local Physicians are Dancing, Singing and Entertaining Their Way into the Hearts of Many

Mollie Page, President and CEO, Print Page

“There is nothing in this world that brings me more joy than watching my wife’s face while we dance,” said Dr. Alain Alvarez, a Cuban born and American trained rheumatologist who overcame his shy nature by learning to salsa. “As a young child I would stare at a picture of my parents dancing as teenagers in Cuba and think, ‘I want to dance and be happy too.’”

It wasn’t until a colleague in medical school convinced him to join a salsa class in Miami that Dr. Alvarez began to realize the special joy his parents shared.

Like many high-functioning professionals, Dr. Alvarez has a second talent beyond his profession. And he’s not alone. There are many local physicians leading second lives or exploring second careers. Some do it for fun like Dr. Alvarez, and others, like the other physicians featured in the article, do it because their special gifts are in high demand.

Salsa brings Dr. Alvarez great joy, and has widened his social circle. “I love to dance the Rueda, which is a high-energy salsa with many couples that continue to exchange partners throughout the dance. You meet a lot of interesting people this way.”

Dr. Alvarez actually met his wife Tina, a former Chilean ballerina, at a dance studio in Jacksonville. “I was completing my residency in a new town and wanted to meet new people so I

began looking for a studio that offered salsa.”

Tina was teaching ballet at the studio and he was immediately enamored. So he did what many smitten men would do—he created a reason to be near her. Soon after their first encounter, Dr. Alvarez began teaching salsa classes at the same studio. And soon after that, he convinced the ballerina to be his salsa partner.

“Dancing salsa is one way we communicate. It will always be a big part of our lives,” said Alvarez.

Like his practice, Dr. Alvarez’ secret to dancing well is to be prepared and pay attention. Next on his dance card is to visit a Country & Western club where he can try line dancing with his wife.

From Dairymaid to Diva

Years before Hollywood endeared us to movies featuring a cappella singing, a young girl was endearing church congregations with her perfect pitch singing.

Born on a dairy farm in Menomonie, Wisconsin, Dr. Kae Ferber formed a band called The Heartbeats while in medical school at the University of Wisconsin in Madison. They played mostly rockabilly tunes with a few Pat Benatar hits thrown in to showcase her range. Since the medical school was near the school of music, she also found herself in an all-women’s choir performing in classical concerts.



Dr. Alvarez dances with his wife Tina



Dr. Kae Ferber (top right) performs with the Naples Philharmonic Chorus

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During her residency at a Veterans hospital, Dr. Ferber would play piano and sing to patients waiting in the lounge. “My voice has been my friend my whole life,” said the Naples geriatrician, who has been known to sing at patient funerals.

After marrying her husband, she joined a Russian Orthodox church and became a cantor, sang in an a cappella group, and was a featured Aria performer. In 2001, a patient suggested she audition for the Naples Philharmonic chorus (now Artis—Naples). She was accepted and has been a choral member for 15 years.

“The advantage of being part of this chorus is that we get to work with some of the finest choral directors and musicians in the world,” said Dr. Ferber. She has sung songs in German, French, Russian, and Spanish. Her biggest challenge was singing in the native Zulu language for a performance of songs from *The Lion King*.

For fun, Dr. Ferber took her pipes on the road with her sister in 2006 as part of a singing group that toured Ireland. “We’d stop every day and sing in a new town. Usually at a church or local pub. It was during the World Cup so most of the townspeople were in the pubs.”

While Drs. Alvarez and Ferber balance their talents with the demands of their practices, one local doctor is finding it hard to deny the growing public demand for his special talent.

Finding the Wiggle Room

Writing a lullaby for his daughter, Alexia, sparked an idea that has since led to a new second career in children’s entertainment.

Board certified in internal medicine and endocrinology & metabolism, Dr. Chris Cugini caught the music bug when he was five years old.

“I had my first band at 10 years old,” said Dr. Cugini. “We’d play pop music and had gigs at church picnics.”

The band would later play at high school assemblies and local dance clubs. But it wasn’t until he formed a band with fellow medical students in Guadalajara that Dr. Cugini began to feel like playing in a band would be part of his life forever.

Then in 2005, a patient suggested he form a band with her husband, a paramedic who played several instruments. They became so popular that they opened for the Black Crowes and Little River Band.

And one night in 2009 he wrote a lullaby for his daughter.

“The Wiggles were big in 2009 and my daughter was obsessed with them. I remember thinking ‘I can write songs better than this,’” quipped the single father. “So I did. With a little rock n’ roll flair, I wrote a bunch of songs with lyrics that promote healthy living and good manners.”

The Bumbles and the Honey Bees Too quickly formed and have become a local sensation. With songs like “Eat Your Breakfast,” and a pop music beat behind lyrics like “You wanna be a fireman, you need to be the best you can,” it’s easy to see why the Bumbles are quickly gaining a fan base.

In addition to writing songs and performing at pediatric charity events and conventions, Dr. Cugini has also written a children’s book that promotes anti-bullying, and produced a sing-along video for kids about being creative through art.

“We’re getting ready to launch an iPad game for kids that promotes learning the alphabet and may even go on a national tour in 2017,” said Wally Bumble (the doctor’s stage name).

For these three doctors, their hobbies are not just activities to pass the time; they have budded into gifts that touch others in positive ways.

Looking to spice up the marriage or make new friends quickly, try dance! There are many great studios in town. Or if you’ve never visited Artis—Naples, attend a Holiday Pops performance in December. And if you have a young child, visit bumblesshow.com and download the music and tablet app for hours of good, clean fun.



Dr. Cugini (top right) with his band, The Bumbles

Foundation of Collier County Medical Society's 3rd Annual "Docs & Duffers" a Success

The Foundation's charity golf tournament on September 17th hosted 120 golfers and raised over \$24,000 for community healthcare needs

The Foundation of Collier County Medical Society recently hosted its 3rd Annual "Docs and Duffers" charity golf tournament at Bonita Bay Club Naples. The sold-out event took place September 17th and raised over \$24,000 in net proceeds with participation from 120 golfers, 24 sponsors & supporters, over 50 prize donors, and numerous volunteers.

"We were thrilled with the overwhelming support we received for our third annual tournament," says Dr. Rolando Rivera, board chair of the Foundation. "Each year our tournament continues to grow, creating an enjoyable day for our participants and raising funds for healthcare needs in Collier County."

Money raised from the event will provide scholarships for future medical professionals and support community health programs in need. The Foundation provided \$20,000 in scholarships in 2016, including the Dr. William Lascheid Memorial Scholarship for Medical Students and 3 additional healthcare scholarships. Scholarship applications for 2017 will be available at ccmsfoundation.org in December 2016.

The Foundation is the 501(c)3 charitable organization launched by the Medical Society in 2012. Its mission is to provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs.

The event was supported by in part by Gulfshore Urology, FineMark National Bank & Trust, VITAS Healthcare, Radiology Regional Center, Porsche of Naples, and Life in Naples. Participants were also treated to a VIP event featuring PGA Pro Ian Poulter in advance of the tournament, hosted by Mutual of Omaha Bank & Insurance Co.

View photos from the tournament at facebook.com/ccmsfoundation, and stay tuned for more information on the Foundation's 4th Annual Docs & Duffers, which will be held in the fall of 2017.

Spotlight on our Sponsors:

Eagle Sponsor



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Life in Naples

Please join us in thanking all our supporters – for a complete list visit <http://conta.cc/2dWtop6>



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“Docs & Duffers” Photo Gallery



Foundation Scholarship
Winner Andrea Gamboa
and Dr. Richard Pagliara



Winning Foursome: Ben Kitts, Dr. Ronaldo Rivera,
Miguel Fernandez and Matt Leiti



Scott Akins, Jacob Akins, Dr. Bill Akins,
and Sandy Akins



Will Slepceвич, Dr. Jim Worden, Dr. Steve Friedman,
and Bill Slepceвич



Kevin Lisby, Doug Hawkins, Dr. David Wilkinson,
and Dr. Steve Williamson



Dr. Robert Hanson, Dr. Alan Galbut, Sarah Frye,
and Erick Frye



Jeff Darwish, Dr. Kenneth Plunkitt, Mike Assad,
and Dan Montero



Volunteers Dana Jaffe, Candice Marquina,
and Claudia Rivera

Financial Markets Outlook for the 4th Quarter & Beyond

Andrew D.W. Hill, CFA, President, Andrew Hill Investment Advisors, Inc.



As an investment manager there are a never-ending number of factors to consider when we evaluate the shifting sectors in the financial markets. From political science and economics to psychology, all skill sets will be needed to navigate the financial markets through the rest of the year and beyond. Historically, the fourth quarter is the big money maker for stocks, with average gains of 4.53% since 1980 and more recently since 2009 (market bottom) the S&P500 has gained 9.8% in the final quarter of the year.

Given the strong emotions of the pending election and more computerized trading of the stock indices, significant swings are expected in stocks, bonds and commodities. The Brexit surprise vote at the end of June is an example of this, as bonds soared in value (low point on yields and stocks tanked). Many investment advisors reduced exposure to stocks, while we did nothing and within a few days the market reversed its course.

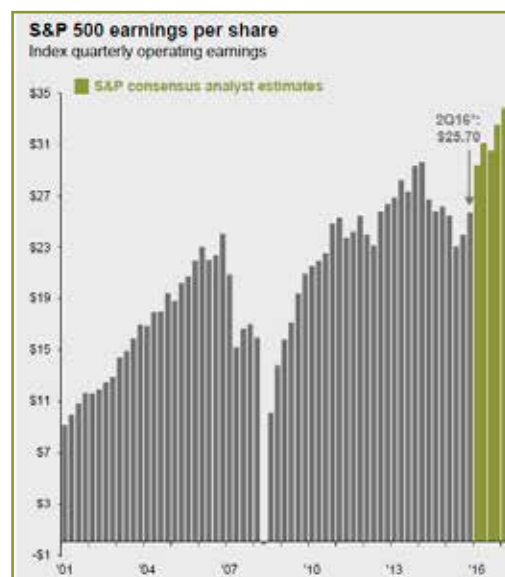
In general, stocks offer continued moderate returns, while bonds are looking vulnerable to a near sell-off and low, long-term returns. One of the primary reasons for the last leg of the bull market in bonds has been the support from central banks worldwide. Recent rumors have been reported that monetary stimulus with low and perhaps negative interest rates may have reached its end; and fiscal stimulus may be the next “prescription” necessary in order to stimulate economic activity.

In theory, fiscal spending is the proper medicine to create economic growth. Bond investors do not like fiscal stimulus since it requires debt issuance and can potentially boost economic activity beyond healthy levels, creating inflation. With interest rates of high quality bonds close to historic lows, the potential of a change in central bank strategy may be the factor that brings the four-decade long bull market in bonds to an end.

Our outlook in equities stems from anticipated improvements in corporate earnings. Corporate earnings have not grown for several years, largely due to the energy sectors downturn. With the energy sector currently making up about 7% of the total S&P500, the earnings contribution was negative. In hockey terms, it was like playing an entire game short one player. Looking forward, energy companies should contribute a small amount of earnings, which will be a huge swing from a massive hole, while the other 93% of the S&P500 companies should show moderate improvement.

Potential earnings growth in the S&P500 is expected to grow modestly from moderate economic activity and on an uptick in Apple earnings resulting from recently announced new products.

While the number crunching provides an easy path to higher stock prices, negative investor sentiment suggests a positive background. Markets typically peak on excessive optimism, not skepticism. The textbook peak was back in late 1999, when I was getting stock advice from the locker room attendant at the old Collier Athletic Club. As the chart below shows, investors have been moving out of stocks while adding to fixed income.



JP Morgan Chase Q4 Outlook

With regards to analyzing the sectors within the equity market, there has been a wide variation in performance over the past few years. Index fund investing performed by computers often results in market winners and losers, and it can create quick changes among the underlying stocks within the fund, none of which can be justified by an individual company's circumstances. This creates both opportunities and challenges. Performance in the first half of the year was led by utilities, energy and industrials. Much of the performance was due to the recovery of oil from its huge sell-off in 2015, and utilities that are often attractive to risk adverse investors.

JP Morgan Chase Q4 Outlook

USD billions	AUM	YTD 2016	2015	2014	2013	2012	2011	2010	2009
U.S. equity	6,446	(53)	36	93	180	(45)	(43)	13	9
World equity	2,581	6	207	143	203	59	18	85	58
Taxable bond	3,056	169	50	78	(23)	308	170	221	312
Tax-free bond	688	51	21	32	(57)	53	(10)	14	73
Multi-asset	2,109	28	58	92	98	69	58	61	38
Liquidity	2,597	38	35	23	36	9	(69)	(363)	(265)

Fourteen ways your life would be different without the FMA

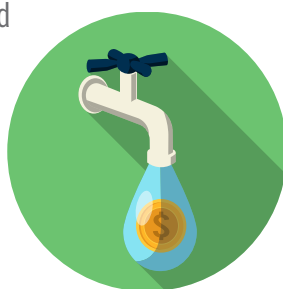
1. You would be fingerprinted every two years, as legislators must think that physicians' fingerprints change over time.
2. Your CAT fund exemption would disappear, allowing up to a 10-percent tax on your medical malpractice premiums if a storm hit anywhere in Florida.
3. For those of you who are self-insured, that would disappear. In fact, the minimum liability insurance would increase to \$500,000-\$1,500,000.



4. If treating an out of network emergency room patient, your compensation would be an amount determined solely by the insurance company with no regard to your usual and customary charge.

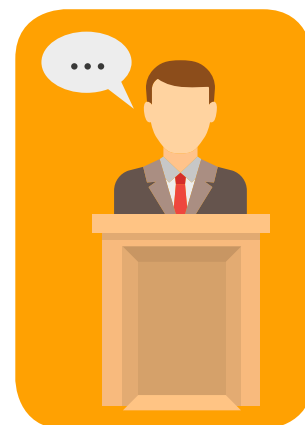
5. If you had three complaints against you to the Board of Medicine, you would automatically have to appear in front of the Board to defend your license.

6. Assignment of benefits would disappear, and the checks that should have gone to you from the insurance companies would be going to the patients.



7. For those of you who do the great work of volunteering as physicians at schools, your immunity would be gone and you could be sued.

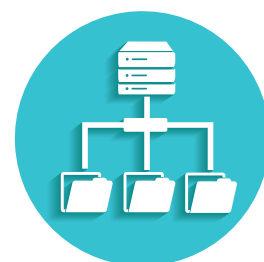
8. Expert witness certificates would no longer be issued, and any physician in any specialty would be able to testify against you in a lawsuit. So an ophthalmologist would be able to tell a general surgeon how to practice medicine.



9. The lookback period for insurance companies to refund money would be 30 months instead of 12 months.

10. You would be required to check the prescription database each time you prescribed any pain medication, regardless of prescription size. You would be required to check this database on all of your patients.

11. For those of you who dispense medications from your offices, there would be multiple barriers, to the point that you might not be able to continue providing this service for your patients.



12. The Department of Health would be able to suspend or limit your license based solely on suspicion of a crime before you were even proven guilty.

13. ARNPs would be able to practice independently.

14. HMOs could require you, as a contracted health care provider, to accept the terms of other health plan contracts as a condition of continuation or renewal of your current contract.



Community Corner: Volunteer doctors help needy patients over 50 at Senior Friendship Center

Howard Freedman M.D., CCMS Member and Senior Friendship Center Volunteer



There is a great need for more medical providers, both active and retired doctors, to provide health care for needy patients 50 and over in Collier County who are unemployed. The Senior Friendship Center sees both employed and unemployed adults while the Neighborhood Health Clinic only serves the employed.

The goodwill of dedicated medical practitioners who volunteer their time and talent is key to serving these patients. Many patients turn to the emergency department for solutions to their immediate medical needs. Getting free or low cost care at the Senior Friendship Health Center helps these patients avoid unnecessary visits to the ED and maintain a better quality of health and life.

Since 1985 the Senior Friendship Health Center has provided affordable medical and dental care services in Collier County to adults age 50 and above, living near or below the Federal poverty level. In 2015 the Center began discussions with the Health Care Network of Southwest Florida to collaborate in a new location in which we would work side by side but not as a single entity. This is a unique relationship. The Health Care Network is a federally governed network of healthcare providers while the SFC is under State regulatory guidelines. The purpose of this collaboration was to treat the needy elderly patients in a modern, state of the art medical and dental facility and to seek synergies of service to reduce cost. The HCN/SFC facility was opened to patients in January 2016.

Patients in the SFC are charged based on a Collier Department of Health sliding scale. When feasible, Medicaid is billed. Most patients are not covered by any third-party insurance and many pay only what they can afford for their services.

Our patients struggle with daily life, in language as well as cultural barriers compared to most patients in a "standard" medical practice. Their financial situation often precludes the use of advanced specialty care and testing and can result in

their reluctance to seek care for disease in the early stage. Many patients have major issues affording even low priced medication and obtaining transportation to the clinic. The appreciation of our patients, seen on a daily basis, is far greater than in the usual office setting.

Three thousand medical and dental visits are made annually by our patients. The clinic provides primary care services as well as a variety of specialty services. We have subspecialty physicians in a variety of medical areas. There are onsite gynecologic and ophthalmology physicians and procedure capabilities. We do routine laboratory testing on site with immediate availability of results. Half of our services include dental care including prosthetics. Services such as radiology are arranged through a coalition of community physicians involved in an organization, the Physician Led Access Network (PLAN), formed to provide those services at low cost to the clinic.

Our volunteer physicians and dentists supply the equivalent of more than \$400,000 of care annually. A majority of our volunteer physicians return to their northern residences during the off-season time. Unfortunately, that leaves only a limited staff of providers during a four or five-month period. The clinic has had difficulty covering that need. Occasionally, community physicians have volunteered to help, especially during the slower out-of-season period. Those that do are covered regarding liability by the same state sovereign immunity as the other voluntary physicians are.

For example, I have volunteered as an ophthalmologist for 10 years at Senior Friendship Health Center. I assist in seeing patients during the summer when many doctors leave for the season. There is a need for medical services throughout the year for residents 50 and over. One of the patients I saw this summer, a woman over 65 years of age had diabetes. She also had advanced diabetic retinopathy and needed laser therapy and ocular injections to prevent premature vision loss. The Clinic referred this patient to PLAN who arranged a doctor who could do the specialty procedures and the patient had a good outcome. This gave meaning to help and hope to a patient that might not have had her sight without the assistance of the Senior Friendship Center.

Volunteers obtain a great degree of satisfaction serving this underprivileged group of patients without other access to care. We need and welcome any providers interested in assisting us. You can volunteer an afternoon a week or every month, depending on your schedule. If you are currently too busy, perhaps you have a colleague who is retired and interested in becoming a volunteer. Please refer them to us. You can look at our website SeniorFriendshipHealthCenter.org, or if you have an interest in helping, please contact M J Scarpelli at 239 658-3105 or by email: mjscarpelli@srfhc.org.

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CCMS Fall General Membership Meeting - September 29th
20th Anniversary CCMS & GGN GI Symposium - October 13th
CCMS After 5 Social - October 21st



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Happy Holidays!

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