



# THE FORUM

March/April 2017 • Volume 16, No. 2 • The Official Magazine of Collier County Medical Society

## Florida State Legislative Update

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## CALENDAR OF EVENTS

Register at [www.ccmsonline.org](http://www.ccmsonline.org)  
or call (239) 435-7727

Thursday, March 30, 11:00am  
**CCMS Alliance Spring Fashion Show**  
**Scholarship Fundraiser**  
Hilton Naples

Thursday, March 30, 6:00pm  
**CCMS 2017 Spring General Membership Meeting**  
Arthrex

Friday, April 7, 12:30pm  
**CCMS Women Physicians Luncheon**  
Brio Tuscan Grille at The Waterside Shops

Saturday, April 8, 5:30pm  
**Foundation of CCMS Social Fundraiser**  
Carl's Patio

Thursday, April 27, 5:30pm  
**CCMS After 5 Social**  
Location TBA

Saturday, May 13, 6:30pm  
**60th Anniversary CCMS Annual Meeting &**  
**Installation of Officers**  
Quail Creek Country Club

Thursday, May 18, 5:30pm  
**CCMS After 5 Social**  
Grey Oaks Country Club Wellness Center

Thursday, June 15, 6:00pm  
**CCMS After 5 Social**  
Location TBA

Wednesday, August 23, 6:00pm  
**CCMS Fall General Membership Meeting**  
Hilton Naples

Saturday, September 23, 8:30am  
**4th Annual Foundation of CCMS "Docs & Duffers"**  
**Charity Golf Tournament**  
Bonita Bay Club East in Naples

Thursday, October 26, 5:30pm  
**CCMS Vascular Disease Symposium**  
Location TBA

## Premier Circle of Friends



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*Marketing & Tax Planning*



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Mosteller Wright  
& Company, P.A.**  
*Certified Public Accountants / Consultants*

## CCMS Member Dues

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

## CCMS Board of Directors 2016-2017

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Rafael Haciski, M.D.

### Vice President

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# MEMBER NEWS

## New Members:



**Stephen J. D'Amato, M.D.**  
CALMARx Pain Relief  
28901 Trails Edge Blvd Ste 101  
Bonita Springs, FL 34134  
Phone: (239) 319-2863 Fax: (239) 301-4731  
Board Certified: Emergency Medicine  
Specialty: Pain Management



**Jeffrey A. Eisenstein, M.D.**  
Ameripath  
8300 Collier Blvd.  
Naples, FL 34116  
Phone: (239) 304-4869 Fax: (239) 304-4997  
Board Certified: Anatomic and Clinical Pathology



**Patrick M. Flaharty, M.D.**  
Azul Cosmetic Surgery and Medical Spa  
1009 Crosspointe Dr #1  
Naples, FL 34110  
Phone: (239) 415-7576 Fax: (239) 415-7580  
Board Certified: Ophthalmology  
Specialty: Cosmetic Surgery



**Rajeev Prabakaran, M.D.**  
NCH Physician Group  
311 9th St N #304  
Naples, FL 34102  
Phone: (239) 624-2730 Fax: (239) 624-2731  
Board Certified: Internal Medicine,  
Gastroenterology  
Specialty: Gastroenterology

## Reinstated:

**Jennifer M. Foley, M.D. - Pediatrics**

**Louis F. Foley, M.D. - Obstetrics & Gynecology**

Women's & Children's Physicians of Naples, P.A.

1217 Piper Blvd Ste 202

Naples, FL 34110

Phone: (239) 566-7272 Fax: (239) 566-2088

**Jeffrey A. Panozzo, D.O.**

Southwest Florida Emergency Management Inc

11190 Health Park Blvd

Naples, FL 34110

Phone: (239) 552-7709 Fax: (239) 552-7949

Board Certified: Emergency Medicine

**Richard A. Saitta, M.D.**

Family Doctor Walk In

80 Wilson Blvd S Ste 11

Naples, FL 34117

Phone: (239) 208-5390 Fax: (239) 302-6813

Specialty: Internal Medicine

## New Practice:

**Gerald F. Levens, M.D.**

Naples Family Concierge

6101 Pine Ridge Rd Desk 33/34

Naples, FL 34119

Phone: (239) 284-4333

Board Certified: Family Medicine

**Emilia E. Murray, M.D.**

Murray's Health and Wellness Concierge Medical Practice

1172 Goodlette Rd N Ste 202

Naples, FL 34102

Phone: (239) 213-0080 Fax: (239) 213-0021

Board Certified: Internal Medicine

**Cristina Sciavolino-Day, M.D.**

Cristina Sciavolino-Day, MD, LLC (Concierge)

1175 Creekside Pkwy Ste 300

Naples, FL 34108

Phone: (239) 596-8702 Fax: (239) 596-8701

Board Certified: Internal Medicine

## New Location:

**Charlene DeLuca, M.D.**

Concierge

130 Tamiami Trl N Ste 110

Naples, FL 34102

Phone: (239) 331-3222 Fax: (239) 262-6006

Specialty: Internal Medicine

**Roya Ghadimi, M.D.**

4933 Tamiami Trl N Ste 200

Naples, FL 34103

Phone: (239) 263-6879 Fax: (239) 263-6852

Board Certified: Psychiatry and Neurology

**Stephen E. Pascucci, M.D.**

Eye Consultants of Bonita Springs

24820 Burnt Pine Dr Ste 4

Bonita Springs, FL 34134

Phone: (239) 949-2021 Fax: (239) 949-1500

Board Certified: Ophthalmology

## Presidents Message

### *To be or not to be, that is the question...*

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

*To be, or not to be, that is the question:  
Whether 'tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune,  
Or to take Arms against a Sea of troubles,  
And by opposing end them.....*

*Hamlet. Act III, Scene I.  
William Shakespeare*



In mid-February, CCMS launched a new service to our members, the Physician Wellness Program, aimed at addressing physician burnout. Several other societies have done so as well, as have a handful of hospital systems. But why is it that we need such services?

Well-designed national polls have in last couple of years indicated an astounding 55-60% dissatisfaction level among physicians concerning their profession. A more disturbing figure is the physician suicide rate of at least 400 annually, a figure that is openly acknowledged to be hugely underestimated. Think of it: an equivalent of at least 4 graduating medical school classes end their lives prematurely and needlessly. A new term has been coined: physician burnout, which has ominous significance beyond the disproportionately high suicide rate. It is a logical result of such burnout that physicians' performance will suffer, thus negatively impacting patient care and outcomes, in addition to discouraging new doctors from joining this highly respected and ancient profession.

Ancient it certainly is, going back to the early days of humanity. And respected as well: in a recent Harris poll, doctors top the list for net prestige, or the percentage of respondents who said the job either "has a great deal of prestige" or "has prestige;" next came military officer, then firefighter, then scientist, then nurse. The rest of the top 11 includes other service-oriented professions such as police officer, priest/ministry/clergy, and teacher. No lawyers or legislators in that list. Yet now physicians also rise to the list of abused professions; yes abused.

Pamela Wible, MD is a family physician in Eugene, Oregon, who advocates for abused physicians and has analyzed more than 350 suicides among physicians and medical students. She believes that physician abuse is extremely common and is often implicated in many physician suicides. She goes on further stating that the term "physician burnout" should be banished.

"Please stop using the word 'burnout,'" she implores. "You're not burned out. You've been abused. Let's get the diagnosis right."

Having recently attended a lecture about preventing burnout, I walked away with mixed feelings. Certainly, once a physician becomes depressed from whatever the cause, he or she needs immediate help dealing with such depression, and coming out of it. I thought of analogy to a fire: when noted, it must be immediately put out to prevent its extension and further damage. Which is the objective of those new "burnout" programs. However, it is paramount that we look beyond the immediate suppression of the fire to see what caused it in the first place, and how to prevent it.

So what are the probable causes of such "burnout" or "physician abuse?" Certainly, if one sits down and pedantically starts listing possible contributors/causes, the list is long: long hours, stress of responsibility, unreasonable demands, decreasing pay, increasing costs, increasing bureaucratic demands, inane electronic health records, etc. make the short list. How do we address them? Certainly, buckling down, sticking our nose to the grindstone, and not looking beyond our immediate vicinity (read: office) is NOT the way to do that - yet that is what most of us do. A quotation often attributed to Einstein, but most likely goes further back to Voltaire, roughly states that "doing the same thing over and over again, and expecting a different outcome is the definition of insanity."

Yet that is what most of us do: complain to few who will listen, but we then go back to what we have been doing and work harder. Indeed, that is what the speaker at the burnout session advocated: find ways to temper the onslaught of demands, learn to deflect, and continue. Even more dramatic was his advice about EHRs: learn to be a "power user," and give up your desire for "perfection" (what he called my attempt to make the office notes more readable and grammatically correct).

So where did these causes of burnout begin? And more importantly, how do we alter them? It is not unreasonable to look to our residencies for the beginning of the problem: we spent 3-7 years "in training" (better labeled as apprenticeship), working in excess of 80 hrs per week (in my case I actually had several months of 120 hrs per week, 30 hr shifts) which still continues today despite legislation to the contrary, and which requires residents to lie (yes, they are routinely asked to do that) to the government about the actual hours worked (thus perhaps instilling the notion of dishonesty, especially towards the government), while being paid a paltry salary.

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Our excuse was that it is a time-limited abusive process ending upon completion of residency, and indeed a required process to maximize our ability to land good jobs after completion. Except that upon completion and landing that “cushy” job, we continue to do what has been ingrained in us through our training. The unreasonable demands continue (EHR, bureaucratic obstacles, societal expectations, etc.) and we continue to burn the candle at both ends until the moment of reckoning.

So what is our excuse now? Why do we continue with this abuse? Certainly, coping mechanisms and psychological help are beneficial and indeed required, but as intelligent beings we need not only to treat the symptoms, but look to eradicating the cause of the problem. Hence the title of this dissertation, because we indeed find ourselves at a figurative, and sometimes literal crossroads –do we continue this path, or do we toil against it, or do we bail out (preferably by not taking out the “bare bodkin” but rather a change in profession/occupation).

The solution lies in allowing physicians to do what they trained to do - treat the patient, cure diseases. The problem arose when the government decided that we are spending too much on medical care; who decided and on what basis that 18% of GNP was too much to spend on our health? But is not the approach of anyone when it comes to personal health, when health related disaster strikes, to spare no costs? And have we looked at the figures we spend on legal issues, or worse yet the over 30% spent on unnecessary military ventures which did not nothing to advance our quality of life. We know that whenever the government becomes involved, costs rise dramatically, and quality suffers, yet we allowed that to happen. Instead of addressing and fixing individual problems contributing to the costs, we have thrown out the baby with the bath water.

Recall the “four leeches of medicine” of which recent FMA president (Dr Machado) spoke: ...

- Fraud (thought to comprise 20-30% of medical expenses)? with today’s technology, target and prosecute the perpetrators, require tighter identification of beneficiaries.
- Legal (25% of medical expenses are assigned purely to covering malpractice risk)? –eliminate that risk allowing us not to worry about potential suits and only order tests necessary for the disease diagnosis and efficient treatment.
- Prescription cost (10-20% of all medical expenses)? – tackle the pharmaceuticals and pharmacies who collect inordinate fees for necessary medications by using the power of the government to negotiate, as is done in other countries.
- Insurance (another 20% of medical costs)? – eliminate the artificial barriers between states, and allow competition to force the prices down.

It is indeed appropriate for the government to provide affordable (if not free) insurance for all its citizens, but stop the ridiculous and unrealistic attempt to make one system appropriate for everyone. While ramming down the nation’s throat the new health insurance, congress and senate continued to have their own and separate coverage! I have said for the last 20 years: the government has the entire system already in place - doctors, clinics, hospitals, even their own EMR. It is the VA system; just open the doors to anyone who wishes to avail themselves of its services. Thus, those who have no insurance will avail themselves of the government provided services, while those with funds for their own commercial insurance will seek care through other venues (non-government). As an old Polish saying goes: the wolf is satiated and the lamb is whole.

Unless we change the underlying problems, all our efforts amount to rearranging the chairs on the Titanic. The result will be that the profession of medicine will be destroyed and a huge shortage of physicians will ensue - what smart people will want to go into a field that requires huge personal sacrifices, as well as monetary sacrifices, and carry with it huge risks and penalties. The population at large will suffer, and then hue and cry will ensue to find the culprits, and make necessary changes. But keep in mind that it takes at least 8 years to mint a green and inexperienced doctor, so the reversal will necessarily be painfully slow.

So what can we do? Too many of us are laboring in our own little world, hoping that none of the swirling storms will affect us adversely. Yet that is the wrong approach. We must organize, utilize existing organizations, and push back to try to bring some sanity into the process of change. Raise your head above the grindstone, in fact, step away from the grindstone. Become ACTIVE. Talk to your colleagues. Become involved in your society! Participate in politics. Talk to your patients and recruit their help. Call your senators and representatives (repeatedly, frequently). Run for government positions, give money if you can to those who can help promote better medicine, quit participation with those insurers who have become unreasonable in their payments or bureaucratic demands (includes government), but above all do something different than you have been doing so far! The time to do that is NOW. Do not delay.

As I have said before, we must coalesce together - the quote attributed to Benjamin Franklin comes to mind: “We must, indeed, all hang together or, most assuredly, we shall all hang separately.” And make no mistake about it, our professional life is at stake.

# 2017 State Legislative Agenda – Preserving the Patient/Physician Relationship

The Florida Medical Association



*Editor's Note: each year the Florida Medical Association publishes a legislative agenda detailing the legislative goals for the state legislative session. Here are some of the major issues in health care that the FMA will be pursuing this year on our behalf. These highlights can be a helpful tool for CCMS members when you are speaking with your local legislators.*

The Florida Medical Association, representing over 22,500 physicians and medical students, is committed to helping physicians practice medicine. The overarching theme of our 2017 legislative agenda is to eliminate unnecessary costly and counterproductive barriers that make it more difficult for physicians to care for patients.

The FMA believes in promoting the highest standards of medical care, maintaining choice for patients in a free-market system, and preserving the sacred relationship between patients and their physicians. The best way to achieve these objectives is by advocating for public policy that establishes fair and transparent insurance markets, reduces onerous red tape, and eliminates bureaucratic hassles that impede care and harm patients.

While much of the focus on healthcare policy over the next year will be on Washington, D.C., there are many things state legislators can do to improve the lives of their constituents and make Florida a leader in health policy innovation.

## ***Legislation the FMA Supports***

### **Direct Primary Care – Less Paperwork, More Care – SB 240/HB 161**

One of the most promising developments in healthcare delivery in recent years has been the Direct Primary Care (DPC) movement. A growing number of primary care physicians nationwide are adopting this innovative model because they are frustrated by the excessive paperwork and regulatory burdens imposed by insurance companies. They are attracted to direct primary care because of their desire to spend more time with patients.

DPC physicians charge patients a simple, affordable flat monthly fee for comprehensive coverage of all primary care services. DPC physicians have been able to control costs by preventing chronic illnesses and reducing administrative expenses. A growing body of evidence suggests that DPC leads to better patient care at a lower cost. The FMA strongly supports legislation which would allow DPC to grow by defining direct primary care agreements as a medical service outside the scope of insurance regulation.

### **Right Medicine, Right Time – SB 530/HB 877**

The FMA supports efforts by patient advocates to ensure that appropriate prescriptive treatments are based on a physician's recommendation. Each year, thousands of Floridians are subjected to "fail first" protocols, whereby insurance companies impose their own treatment decisions ahead of treating physicians' medical judgment. This causes delays in care that can lead to unnecessary hospitalizations and sometimes devastating consequences for patients.

Florida needs legislation that allows physicians and patients to override step therapy protocols when deemed medically necessary and in patients' best interests. In addition, if a patient is currently stable on a drug, step therapy should not be required to continue usage of that drug because of changes in a health care benefit or plan. Finally, the FMA supports shortening the amount of time for a step therapy override to be granted. It is time to stop insurance companies from practicing medicine and getting in the middle of the patient-physician relationship.

### **Retroactive Denials – SB 102/HB 579**

On a daily basis, the FMA hears complaints from physicians who are plagued by payment issues with insurance companies. Underpayment, lack of payment, and retroactive denials by health plans jeopardize the economic viability of physicians and their medical practices, which undermines access to care. Physician practices, many of which are small businesses, must be protected from pervasive abuses by insurance behemoths.

One of the FMA's top priorities during the 2017 Legislative Session is to prohibit insurance companies from retroactively denying payment for medical services they previously approved. It is not unreasonable for a physician to expect payment for providing care that was approved by the insurance company.

### **Maintenance of Certification – HB 723**

The FMA seeks to eliminate administrative burdens that take time away from delivering patient care. To that end, the FMA supports legislation that prohibits public or private entities from requiring health care providers to comply with maintenance of certification (MOC) requirements after achieving initial board certification, other than the continuing medical education requirements set by the healthcare provider's licensing board. Such a measure would greatly improve healthcare market efficiency and eliminate unnecessary administrative and regulatory requirements imposed on physicians.

The FMA took an early lead in fighting for state and national policies on MOC that would reduce physicians' regulatory

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burdens. In anticipation of the 2017 Florida Legislative Session, the FMA worked closely with bill sponsors Rep. Julio Gonzalez, M.D., and Sen. Jeff Brandes on drafting HB 723.

### ***Additional legislative issues:***

**Prior authorization:** Prior authorizations can lead to unnecessary delays in treatment, less effective medications, or lost time waiting for treatment decisions. The FMA supports legislation to standardize prior authorization requests for medications and treatment, and to reduce the amount of time health plans have to make medical necessity determinations.

**Network transparency:** Increasingly, health plans are developing “narrow networks” that restrict access and result in potentially high out-of-network costs to consumers, and publish inaccurate information about their provider networks. The FMA supports legislation to ensure that health plans maintain more comprehensive physician networks, requires insurers to offer patients coverage options for out-of-network care, and holds insurance companies and health plans accountable for accurate consumer information.

**Telemedicine:** The FMA supports the use of telemedicine and telehealth to expand access to care. However, to ensure that these services become widely available, legislation is needed to provide a payment mechanism. The FMA also believes that patients must be protected, and that the vital oversight role of state licensing boards should be maintained.

**Graduate Medical Education:** To ensure that Florida has an adequate physicians workforce in the future, funding graduate medical education and retaining medical students should be top priorities for state lawmakers. Florida cannot afford to continue exporting medical students to other states because of a shortage of residency slots.

**Healthy Floridians:** The FMA is committed to improving the health of all Floridians. Our goals is to help reduce incidents of chronic disease and bend the healthcare cost curve. We seek to partner with the state of Florida to provide Florida’s primary care physicians with specific tools and resources to educate their patients about the benefits of good nutrition and a healthy lifestyle.

## **Florida Legislators, Collier County**

### **State Senator District 28**

#### **Kathleen Passidomo (REP)**

Ethics and Elections, Chair

Health Policy, Vice Chair

Appropriations Subcommittee on Health and Human Services

Local: (239) 417-6205

Tallahassee: (850) 487-5028

[www.flsenate.gov/Senators/s28](http://www.flsenate.gov/Senators/s28)

### **State Representative District 90**

#### **Byron Donalds (REP)**

Health Quality Subcommittee

Local: (239) 417-6270

Tallahassee: (850) 717-5080

<http://bit.ly/2kSEcd9>

### **State Representative District 90**

#### **Bob Rommel (REP)**

Health Care Appropriations Subcommittee

Health Innovation Subcommittee

Local: (239) 417-6200

Tallahassee: (850) 717-5106

<http://bit.ly/2lBlkMz>

### **State Representative District 105**

#### **Carlos Trujillo (REP)**

Appropriations Committee, Chair

Joint Legislative Budget Commission, Alternating Chairman

Local: (239) 434-5094

Tallahassee: (850) 717-5105

<http://bit.ly/1GoXveP>

## **Senate Leadership Offices & Key Committees**

Joe Negron, Senate President

Wilton Simpson, Majority (Republican) Leader

Oscar Braynon II, Minority Leader

Appropriations Subcommittee on Health and Human Services:

Anitere Flores, Chair

Committee on Health Policy: Dana Young, Chair

## **House Leadership Offices & Key Committees**

Richard Corcoran, Speaker

Jeanette Nuñez, Speaker pro tempore

Ray Rodrigues, Majority Leader

Janet Cruz, Democratic Leader

Bobby B. DuBose, Democratic Leader pro tempore

Health Care Appropriations Subcommittee: Jason Brodeur, Chair

Health & Human Services Committee: Travis Cummings, Chair

Health Innovation Subcommittee: MaryLynn “ML” Magar, Chair

Health Quality Subcommittee: Cary Pigman, Chair

## Recognizing Victims of Human Sex Trafficking

Karysse Trandem, D.O., FACOOG - Women's Healthcare Physicians of Naples and volunteer Medical Director - Wings of Shelter, SWFL Center



As physicians, we have all heard about the problem of human sex trafficking, but have we considered we currently interact with victims in our own medical practice and daily life? According to the US Department of Justice, every 2 minutes a child is trafficked for sexual exploitation in our country. There are an estimated 27 million people enslaved in trafficking internationally

today. The FBI reports nearly 20,000 individuals are trafficked into the US each year, generating \$9 billion annually for traffickers. Florida is ranked the 3rd highest state for trafficking.

In my private practice alone, I see and treat approximately one victim of sex trafficking every other week. Also, taking call for the hospital system, I have been consulted on gyn-complaint cases where I have identified patients in the ER and psychiatry units as victims of sex trafficking. Although you may not be a gynecologist, statistically, you and I are both interacting with victims of trafficking on a regular basis in and outside of our practices.

Sex trafficking is defined as a commercial sex act induced by force, fraud, or coercion, including prostitution, stripping, pornography, and the like. The average age of girls entering trafficking is 11, the age of boys is even younger. The reasons for trafficking are four-fold and include: 1. Victim Vulnerability (youth, gender, poverty, ignorance, social and cultural exclusion, political instability, war and conflicts); 2. Discrimination (social, cultural, and outdated legal frameworks); 3. Ongoing Demand 1 of 5 smartphone internet searches are to a pornography site); 4. Economic Gain (trafficking generates more money and less risk than drug trafficking does worldwide).

How are victims enslaved? Sadly, there are books available on the internet for traffickers to buy and learn methods of capturing victims. The US Department of State discusses pimps' psychological methods of 'seasoning' or 'grooming.' A vulnerable girl or boy is recruited by a person who pretends to be in love with them. Often victims are drawn in with promises of modeling, money, alcohol, or drugs, which build dependencies for basic needs or chemical escapes. Seasoned victims are placed in supervisory roles over new victims, which encourages them to compete for affection and favor. There is an element of using interlocking reward/punishment, and victims are often threatened with shame from their families/friends discovering their lifestyle as well as a punitive law enforcement response.

I recently treated a beautiful blonde 13-year-old Caucasian girl who was just rescued from trafficking here in Collier County. She was trafficked by her mother's boyfriend in their home nightly after school and forced to service multiple men under gunpoint. She told me with tears in her eyes that she was brought by her trafficker, who presented as her "father," to the ER on several occasions for different complaints: fever, trauma, UTI, pelvic infection. She was never recognized as a victim of trafficking and was told she could not speak out because her trafficker would kill her and her mother. During her most recent ER visit she presented with severe pelvic pain and was asked by the nurse how many sexual partners she had. She said it was many, and could not come up with the exact number, and was then told, "It's time to start making better choices."

Nearly all victims of trafficking have been seen by healthcare providers while enslaved. We, as healthcare providers, are in a unique position to recognize and help victims of human trafficking here in Collier County. A starting rule of thumb is to have a low threshold for suspicion; many victims are in plain sight if you know the indicators. Identifiers include:

- Frequent need for pregnancy tests
- Late presentation of illness
- Multiple STIs
- Unusual infections: TB, syphilis, Hepatitis B, HIV
- Vaginal lacerations
- Non-English speaking; unfamiliarity with US culture
- Distrust of health providers, government, police
- Fear of being deported
- Lack of knowledge about community or location
- Restricted communication
- Inability, refusal, or fear to make eye contact
- Teens dating older, abusive men
- False ID or no ID, lying about age
- Having large amounts of cash, jewelry, new clothes
- Disappearing for blocks of time, school absences
- Hotel room key on their person
- Accompanied by another person who seems controlling
- Evidence of trauma, extreme weight loss
- Branding or tattooing
- Mental health disorders

What can we do? Train/teach our office/hospital staff that human trafficking is an active problem in our patients in Collier County. Separate the suspected victim from any controlling person and ask questions in a reassuring way about their work, family, and freedoms. We can assign someone specifically to any suspicious patient to build trust. Call 911 to report any suspicion of trafficking. Contact the National Sex Trafficking Hotline for local resources: 888-373-7888. Our SWFL trafficked teen rescue care center is: Wings of Shelter: 239-340-2980. Together, we can make a difference in this enormous problem and offer hope. Recognizing even one victim can save their life and positively impact our world.





## IT SHOULDN'T **HURT** TO BE A CHILD

At age 10, Caleb wanted to die. As a teen, diagnosed with many mental illnesses, he felt like a "loser." Suicide beckoned. Only self-harm eased the pain.

Caleb's life changed when he came to David Lawrence Center, a leader in advanced mental health treatment for children. He worked with our specialized pediatric psychiatrists, clinicians, case managers and therapists. Today, 16-year-old Caleb plays lacrosse and drums his heart out in the high school band. He wants to be a mechanical engineer, and we believe he will be. *Recovery from mental illness happens every day at David Lawrence Center, providing world-class comprehensive children's mental health care.*

**DISCOVER WORLD-CLASS MENTAL  
HEALTH CARE RIGHT AT HOME**

If a child you know needs help, call our pediatric mental health specialists today.  
***Your call is the start of life-changing wellness.***

**239.455.8500**



**DAVID LAWRENCE CENTER**  
*For Mental Health and Addiction Recovery*

[DavidLawrenceCenter.org](http://DavidLawrenceCenter.org)

NAPLES 239-455-8500 IMMOKALEE 239-657-4434



# How Our Patients Can Benefit from the Blue Zones Project

*Eliza Slama, M.D - Volunteer, Blue Zones Project SWFL*

As most of us have already heard, the Blue Zones Project was initiated by Dan Buettner, a National Geographic fellow, who traveled throughout the world to find where people were living to be over 100 at rates greater than those seen elsewhere. In these “Blue Zones” communities, Dan found nine common characteristics (shown below) that have contributed to the longevity of these centenarians. His next move was to implement the characteristics throughout communities in the U.S., in a sustainable way, to help people live not only longer lives, but better and healthier lives.



But how can we incorporate these into our practices in a way that will benefit our patients? First, let's look at the data from communities that have implemented the Blue Zones Project:

## Beach Cities, CA

- 15% drop in overweight/obese adults and 50% reduction in childhood obesity
- 16% decrease in smoking
- 9% reduction in daily stress
- \$4.6 million appropriated for bike paths in

## Iowa

- 50% drop in smoking
- 15% reduction in obesity
- 12% increase in exercise and healthy eating

## Albert Lea, MN

- 66% increase in pedestrian counts
- 38% increase in recreational trail usage
- 17% decrease in smoking

The Blue Zones Project of Southwest Florida has been working hard the past year to encourage restaurants, grocery stores, worksites, schools, faith based organizations, homeowners' associations, etc. to adopt Blue Zones best practices to help make healthier choices easier. This is crucial to create little “nudges” in the community to facilitate the healthy choice within one's life radius.

When one goes to a Blue Zones Approved restaurant, is the burger and fries still going to be on the menu? Definitely, but they'll also find a healthy option, and in addition, possibly, fruit as the default side item (vs. chips or fries), new bicycle racks and tobacco free zones. To date, in Southwest Florida, the Blue Zones project has won the support of many community businesses and organizations, including 70 which have earned blue zones recognition, meaning they have implemented best practices to improve wellbeing, and currently over 300 organizations are working towards becoming Blue Zones recognized. A partial list of local healthcare

organizations that have “gone Blue” include:

- Gulfshore Concierge Medicine
- Dr. Barrett Ginsberg
- Arthrex
- Fundamental Health Solutions
- LivingWell Chiropractic
- Synergy Elite Medical
- Florida Department of Health - Collier County

The Blue Zones Project of Southwest Florida is available to work with you and your staff to help engage your patients in healthy choices outside the office, or the environment in which they live. Funded by NCH Healthcare System, the Blue Zones Project is a free resource for everyone in the community. A list of possibilities for your office include:

- Free, easy-to-understand, rack cards to facilitate Blue Zones Project information dispersal
- Option of becoming Blue Zones recognized, which can lead to further promotion of your business.
- Information regarding local restaurants and organizations that have “gone Blue”.
- Customized opportunities to best fit your office.

Blue Zones Project opportunities for individuals/patients:

- **Join a Walking or Potluck Moai:** “Moai” is a Japanese word, that means a group of people coming together for a common purpose. Engaging in social activity has been shown to add up to 7 years to one's life expectancy.
- **Attend a Purpose workshop:** The riskiest times in life are at birth and retirement. Our community has a unique population of retirees. Help them rediscover or reinvent their purpose by recommending a Blue Zones purpose workshop
- **Volunteer with the Blue Zones Project:** Another way to serve a purpose and help build a healthier community is volunteering. Opportunities are always available with the Blue Zones and Blue Zones Project connects individuals with other volunteer opportunities in the community.
- **Make the Pledge:** Most importantly, your patients will get the largest benefit from signing the Blue Zones Project Pledge, which is simply a statement saying that they agree to adopt healthy habits known to improve wellbeing.
- **Events in the community:** Encourage patients to get out and discover what Blue Zones Project is doing in the community by attending a local event sponsored by the Blue Zones Project.

The Blue Zones Project of Southwest Florida wants to help you help your patients live a happier and healthier, longer life. For more information contact the Blue Zones Project of Southwest Florida, [BlueZonesProjectSWFL@healthways.com](mailto:BlueZonesProjectSWFL@healthways.com) or 239-624-2312.



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## CCMS Introduces New Physician Wellness Program

Collier County Medical Society launched its new Physician Wellness Program in February 2017. The CCMS Physician Wellness Program (PWP) features, among other benefits, **confidential, convenient, cost-free access to professional psychological services** for all CCMS physician members.

### Overview

Being a physician isn't easy. Burnout levels are rising. Many of the issues physicians face can take their toll:

- Difficulties with the current healthcare delivery system
- Struggling to maintain a healthy work/personal life balance
- Everyday stresses, and the unique stresses of caring for others
- Traumatic experiences
- Difficult patients, co-workers, or family issues

Whatever the issue, the PWP services provide a safe harbor for CCMS members to address normal life difficulties and the challenges of a medical career, overcome trauma, receive coaching on managing stress, and help them reclaim satisfaction in their careers and personal life.

Our hope is that Collier County physicians will seek help as a normal response to acute and chronic stress rather than just "powering through."

### How it Works

CCMS provides up to 6 complimentary sessions with a psychologist per year as a benefit to CCMS members, whether active, retired, adjunct, associate, or resident physician. New applicants will also be eligible. CCMS contracts with independent, doctorate-level clinical psychologists who have been evaluated by the volunteer CCMS Physician Wellness Committee members.\*

Confidential appointments are self-referred and physician-initiated with no medical diagnoses, no insurance billing, and no electronic records. No member identification or notification are ever provided to employers, CCMS, or board of medicine. If you utilize these services through the program, your identity is never disclosed to others (unless required by law). Participating psychologists bill CCMS directly with de-identified data.

### Scheduling Appointments

To see a PWP psychologist, CCMS members can view participating psychologists listed at [ccmsonline.org/physicianwellness](http://ccmsonline.org/physicianwellness) and follow these simple steps:

1. Call the private message line for an appointment and identify yourself as a CCMS member.
2. Indicate any preferences for psychologist or office location, day of the week, or time of day.
3. Receive a same-day response during business hours or next-morning response after hours.
4. See a psychologist within 72 hours to 1 week, possibly sooner for urgent needs, with evening and early morning hours potentially available.
5. If desired, request information on using private entrances or screened arrival and departure.

Members can use the psychologist sessions to help overcome difficulties, tap into their natural resilience, have someone to answer questions, or simply to talk.

### Physician Burnout Resources

The following articles can provide additional information on physician burnout:

*Report reveals severity of burnout by specialty* - AMA Wire  
<http://bit.ly/2kz5UrH>

"Physicians from 27 specialties graded the severity of their burnout on a scale of one to seven in a recent Medscape survey—one being that it does not interfere, and seven indicating thoughts of leaving medicine. All but one specialty selected a four or higher."

*The problem of martyrdom in medicine* by CCMS member Dr. Rebekah Bernard - Medical Economics

<http://bit.ly/2mnocAd>

"So if we want to do the right thing for our patients, we have to prioritize our own needs in order to continue to be able to practice medicine over the long haul. The time has come to accept that it is not healthy for us to martyr ourselves on the altar of medicine. We must not use our job as an excuse to avoid nurturing our relationships, or as a security blanket to prevent us from trying things that are new and potentially scary or as a way of feeding our ego."

*Burnout's other dimension: Eroded sense of medicine as a calling* - AMA Wire

<http://bit.ly/2mDRITI>

"Burnout's effects on physicians are well documented, but new research puts a finer point on the issue. A core motivation for many physicians to practice medicine—a calling to help people—may be undermined by professional burnout."

### Additional Wellness Options

CCMS members can also take advantage of additional CCMS wellness and practice assistance options, such as:

- Attend CCMS educational events, practice management seminars, and After 5 Socials. View the CCMS Calendar at [ccmsonline.org](http://ccmsonline.org).
- Join a CCMS physician fitness or wellness group, such as running, tennis, discussion, fishing, and more. Email [info@ccmsonline.org](mailto:info@ccmsonline.org) with your name, preferred contact info, and type of group desired.
- Reach out to CCMS or any board members with your questions, whether you have a practice management concern, want to explore vendor discounts for CCMS members, or have employment conflicts, we'll do our best to provide answers or find someone who can.

CCMS continues to work with our partners, including the FMA and AMA, to address regulatory, systemic, and practice environment issues that contribute to burnout and stress for physicians.

### How You Can Help

CCMS is building funds to operate this vital Physician Wellness Program was created by in perpetuity. We invite sponsors and supporters to help sustain the PWP and the health and well-being of our physicians, which in turn will help them care for their patients. Your support will be much appreciated. Call (239) 435-7727 or send contributions to:

Collier County Medical Society  
Attn: Physician Wellness Program  
1148 Goodlette Road North  
Naples, FL 34102  
please make checks payable to CCMS





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## CCMS After 5 Social / Radiology Regional Center Meet & Greet - February 23, 2017



Dr. Richard Pagliara, Dr. Marc Guttman & Sheryl Guttman



Dr. Adam Fueredi and Dr. Glenn Groat



Dr. Catherine Kowal, Dr. Ray Montecalvo, Kim Hochman & Dr. Eric Hochman



Dr. Renate Chevli and Dr. Ahmet Gursoy



## 60<sup>th</sup> Anniversary Annual Meeting & Installation

Saturday, May 13<sup>th</sup>  
6:30pm  
Cocktail Reception



Quail Creek Country Club  
7:30pm  
Dinner & Program

Featuring the inauguration of the new CCMS President & the 2017-18 Officers  
and the CCMS Physician of the Year Award Presentation

Complimentary for CCMS members & one guest each, additional seats \$ 125

Semi-formal attire • Valet parking included

Kindly RSVP by May 5<sup>th</sup>: [ccmsonline.org](http://ccmsonline.org) / [info@ccmsonline.org](mailto:info@ccmsonline.org) / (239) 435-7727





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# THE FORUM

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