



THE FORUM

May/June 2017 • Volume 16, No. 3 • The Official Magazine of Collier County Medical Society

Dr. Catherine Kowal to become 60th CCMS President



In this issue:

Outgoing & Incoming Presidents' Messages, pg. 4 & pg. 6; New CCMS officers, pg. 8; CCMS Women's Health Forum, pg. 10
CCMS Physician of the Year, pg. 11; Telemedicine, pg. 12; Physicians Stop Being Pushovers, pg. 13; Member Event Photos, pg. 14

CALENDAR OF EVENTS

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

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

Thursday, June 8, 6:00pm
Meridian's Physician Asset Protection Seminar
Naples Grande

Thursday, June 15, 6:00pm
CCMS After 5 Social
Stay tuned for details

Thursday, June 29, 6:00pm
CCMS Seminar - Dementia
Avow Community Room

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
Kensington Country Club

Friday, November 17, 6:30pm
CCMS New Members Welcome Reception
Wyndemere Country Club

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Directory Reminder

Ad reservations for the 2017-18 Directory are due May 15th. CCMS member physicians who have changes to their office address, phone numbers, or photos, email your updates to info@ccmsonline.org by May 22nd. You can check your current listing at ccmsonline.org, click on "Find a Doctor". The new directories will be available this fall.

CCMS Board of Directors 2016-2017

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MEMBER NEWS

New Members:



Jean F. Burton, M.D.
Naples Women's Center
1726 Medical Blvd Ste 101
Naples, FL 34110
Phone: (239) 513-1992 Fax: (239) 513-9022
Board Certified: Obstetrics & Gynecology



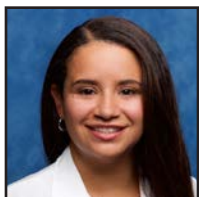
Josephine V. Jasper, M.D.
Millennium Physician Group
400 8th St N
Naples, FL 34102
Phone: (239) 649-3322 Fax: (239) 430-5589
Board Certified: Internal Medicine,
Endocrinology, Diabetes & Metabolism



Renu R. Khode, M.D.
Associates In Medicine & Surgery
2350 Vanderbilt Beach Rd Ste 202
Naples, FL 34109
Phone: (239) 433-7454 Fax: (239) 596-9891
Board Certified: Anatomic/Clinical Pathology,
Cytopathology



Leila E. Sakhai, M.D.
Naples Women's Center
1726 Medical Blvd Ste 101
Naples, FL 34110
Phone: (239) 513-1992 Fax: (239) 513-9022
Board Certified: Obstetrics & Gynecology



Katherine Sosa-Anderson, M.D.
NCH Physician Group-Hospitalists
350 7th St N
Naples, FL 34102
Phone: (239) 624-3997 Fax: (239) 624-8101
Board Certified: Internal Medicine

Reinstated:

George A. Gamouras, M.D.
6101 Pine Ridge Rd, Desk 12/13
Naples, FL 34119
Phone: (239) 304-9720 Fax: (239) 304-9609
Board Certified: Cardiovascular Disease, Interventional Cardiology

New Practice:

Alan K. Hagstrom, M.D.
Cognizant Health, LLC
1415 Panther Ln
Naples, FL 34109
Phone: (239) 404-3379 Fax: (239) 591-6717
Board Certified: Anesthesiology, Psychiatry, Pain Medicine
Specialty: Psychiatry

New Location:

Jose M. Baez, M.D.
11181 Health Park Blvd Ste 1180
Naples, FL 34110
Phone: (239) 777-0663
Board Certified: Internal Medicine

F. Michael Gloth, M.D.
2355 Stanford Ct Ste 701
Naples, FL 34112
Phone: (239) 658-3117
Board Certified: Internal Medicine
Specialty: Geriatric Medicine



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A Message from the Outgoing President

Rafael Haciski, M.D.

CCMS President, 2016-17

What is the problem with Medicine?



While we generally attribute Julius Caesar with the quote “Divide and Rule” (divide et impera in Latin), after he successfully used that tactic to gain control of Rome and later conquer Gaul, in reviewing ancient history one finds that many earlier civilizations used that same tactic to their advantage. And so it is today. But in the conflict over medicine, our opponents do not have to use that tactic, as we have conveniently divided ourselves and facilitated their path to victory. Pogo’s statement is most apt: “we have met the enemy, and he is us,” although that comment was a slightly twisted quote from a report that Commodore Oliver Hazard Perry issued following the Battle of Lake Erie during the War of 1812: “We have met the enemy and they are ours,” something we in medicine cannot say at all.

We, the practitioners of that ancient art of healing (note I use the word “art” as despite best efforts it continues to be an art, with a healthy dose of science), are so divided that our opposition (those who wish to control and subjugate us to their wishes) have easy pickings. Oftentimes, surgeons do not agree with the internists, specialists see the world differently from generalists, academicians have their heads in the clouds, employed physicians do not look past their paycheck, and those of us who strayed into the bureaucratic world as administrators have forgotten the trenches from which we came.

Our bean counters and politicians have decided that spending on our health is much less valuable than spending on armaments, or aid to support friendly dictators, or waste within our own government, or pet projects to suit one or another politician. The 17% of GNP spent on medicine is thought to be excessive, and we are told by the economists it is bringing the country to its knees. So cost cutting efforts have been initiated, by those who have no real idea what it is like to practice good medicine, and are unaware of the negative effects those efforts have on the quality of medicine. Rather than concentrating on eliminating actual waste, streamlining existing processes, and working within the constraints of the principles of freedom that this country was founded upon, we are faced with governmental intrusion and mandates, based on misguided assumptions of those who happen to be in charge. And we know what happens when government takes charge - waste abounds.

In recent years we are seeing the so called “burnout” in unprecedented numbers. But Pamela Wible, MD, a family physician in Oregon who advocates for abused physicians, clearly states that this is not burnout but physician abuse! Having a payment system that pays a physician less than a plumber (if you do not believe me, call a plumber to your

home), is clearly abusive. The need to see more patients per hour to be able to pay for overhead, is another form of abuse. Having to fear litigation at every step is also a form of abuse. And when we try to protect ourselves from litigation, we are accused of excessive spending – more abuse. Your employer does not hire enough “providers” so you must work longer and harder – yet another form of abuse. And while there is no question that a well-designed electronic medical chart would hugely improve decision making and delivery of medical care, such EHRs do NOT exist. Why? Because they were designed for data collection and billing, not for expediting the delivery of good medical care. Another form of abuse – we have now been made medical data entry clerks.

Yet we blithely push on, work harder, see more patients, get paid less, and not surprisingly get “burned out.” We are taught techniques of how to adapt to the problems, how to be less perfect in our demands of the EHR, cut corners, cope with the difficulties and burdens, practice yoga and deep breathing. Yet none of those things solve the underlying problems. We are not empowered to deliver better care to our patients, we are paid less and less, we work longer hours, and we put up with it. And as long as we do so, nothing will change.

Problems will continue to pile up, we will get burned out, and thus it is not at all farfetched to expect that many of those who today are exceedingly dissatisfied with medicine (65% of us) will commit that “professional suicide” and exit the stage (retire). If even half of those do so, that means that over a quarter of the workforce will leave the field of medicine. That will have devastating effects on the medical care of our growing population.

Thus the problem with medicine is that we, the physicians, cannot seem to get together to speak with one voice against these misguided efforts to alter medicine, and a huge majority remains silent and simply toils away. We must change that! Let’s correct the problem of Medicine from within, and not be “corrected” by the outside forces. We need to forget our immediate allegiances and look to the big picture, what is best for our patients, and come together in efforts to improve the medical field. We must become active, talk with each other, talk with our patients, open our minds, involve ourselves with the process, apply our vast intelligence to a collective common good and thus have a meaningful effect on the outcome.

It begins at the local level, where rather than abandoning our associations, we should come together, meet, and discuss. We should take our involvement up the ladder to the state organizations, and beyond to the national level. And we should involve our patients in this battle, for they are the ones who will suffer the most in the end, and they are the ones who have a stronger voice. And most importantly they value us, and they listen to us. We have the power – we are the sharp end of the spear. Let’s wield that power to collectively improve Medicine.

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Incoming President's Message

Catherine Kowal, M.D.
CCMS President, 2017-18



Thank you for entrusting me to be your 60th president of the Collier County Medical Society. I humbly accept the duties of the president. I follow so many prominent physicians, excellent clinicians, and community leaders. I hope to continue to be a voice and help the community of physicians in Collier County.

What does the local medical society represent? I and the board represent ALL the physicians in Collier County including independent, employed, concierge, and retired physicians. We want to work for all of you.

What do we do? We represent the physicians in state and national legislation on issues that impact our practices as well as our patients. Of course, we also have many local initiatives to help our physicians, such as practice improvements, CME events, vendor discounts, wellness initiatives, and certainly social events for networking and having a good time! These will continue and abound with my presidency.

Not only am I the 60th CCMS President, but the 5th female president! Back when the society was formed, Ethyl Trygstad, a pediatrician, was an integral part of getting the society its official recognition and establishing CCMS. She was on the initial board, but can you guess what position on the board? Secretary!! She did not let that stop her and in 1968 and 1969 she became the first female CCMS president. Since then we have had three more female presidents: Dr. Jane Polkowski in 1993, Dr. Dulce Villacampa Dudley in 1998, and in 2000 Dr. Deidra Woods. Now here I am – happy to be here.

You may wonder how I got here (or maybe not but I will tell you anyway). I was the daughter of two physicians who were forced to emigrate from Germany to the US in 1952. They not only had to fight the language issues, my mother also fought the gender issue. In finding an internship my mother was told numerous times, "I'm sorry but we're not advanced enough to hire female physicians." Finally the internship she obtained was unpaid for six months, and she had to prove herself. She succeeded and had a thriving family practice for 42 years in Chicago without the hint of a malpractice case. She was my mentor, and what a mentor she was. She just passed away at 97 years old in March.

Yes, after a circuitous course I became a physician of rheumatic diseases and landed in Naples in 1992. But, how did I get involved in CCMS? In 1995, my dear friend and colleague, Dr. John Gridley, was president of the society and told me I must get involved and get on the board. My first thought was, "WHAT?!" I had two small children, a husband, a new practice and I should spread myself even thinner? I did, however, remember his words and once our girls were in college I jumped in. Through this participation in CCMS leadership my eyes opened up to the world of politics as well as the issues of all physicians.

I would not be your president if it wasn't for the love, support, and understanding of my husband, Dr. Ray Montecalvo and our two girls Gabrielle and Christina, who are attending my inauguration.

So what can I do for you as president in the next year?

Number one is be your voice locally and nationally through the Florida Medical Association and American Medical Association. With the help of Dr. Corey Howard who has climbed the ladder politically in both these organizations, we can make a difference in the state and the AMA. There is a catch, however! We cannot do it without help from you, our members. I need more of you to join our committees and speak your mind. Please don't say one voice doesn't matter. Come to an FMA meeting and see how one voice can change referendums. I want your input. I also want more physicians to join as members. Please talk to your colleagues who are not members and invite them to join and see what we do.

I want to thank Senator Kathleen Passidomo for attending our annual meeting to speak about what has happened this past legislative session in Tallahassee. She and I go way back to when our children were in grade school. We both had our families and jobs pulling us in numerous directions, but eventually she stepped up to the plate to make a difference and follow the political route. Now in my small way at CCMS I hope to make a difference as well for you, the physicians and the community. I also would like to thank Dr. David Becker, President of the FMA for joining us to preside over our CCMS officers installation ceremony.

Please join me and the Collier Medical Society Board of Directors in making this 60th year a great year in the lives of Collier physicians.



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CCMS 2017-2018 Officers of the Board

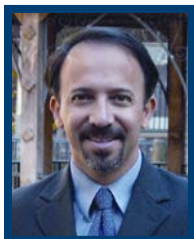
Catherine N. Kowal, M.D. – President



Dr. Kowal is a rheumatologist in North Naples and part of the American Arthritis and Rheumatology Associates. A native of Chicago, Dr. Kowal studied at Mount Holyoke College in Massachusetts before moving to Boston where she worked in research at Mass General Hospital. She obtained her medical degree in 1985 from the American University of the Caribbean and performed her internship and residency at Presbyterian Medical Center of Philadelphia and also trained at University of Pennsylvania and Medical College of Pennsylvania. She has been an adjunct professor in Rheumatology at Nova SW University since 2012.

Dr. Kowal has served on the CCMS board since 2012, the CCMS PAC board since 2013, as a delegate to the FMA since 2013, and on the Foundation of CCMS board since 2015. She is chair of the CCMS Women's Health Forum Committee, editor of *The Forum* magazine, and a member of the Physician Wellness Committee. Dr. Kowal and her husband, radiologist Dr. Ray Montecalvo, have lived in Naples for 24 years.

Cesar R. De Leon, D.O. – Vice-President



Dr. De Leon joined the Naples Medical Center in January 2005 and is board certified in Family Practice. He obtained his Doctor of Osteopathy with the President's Award and Recognition at Western University of the Health Science College of Osteopathic Medicine, California. He completed his family practice residency at Broward General Medical Center in Ft. Lauderdale. Dr. De Leon's previous experience includes the VA Medical Center in West Palm Beach and Kaiser Permanente Medical Center of Sacramento. He recently graduated with honors from Colorado State University with a Master's in Healthcare Administration, and has served as Family Practice Department Chair at NCH the last three years.

David R. Wilkinson, M.D. – Treasurer



Dr. Wilkinson began his career as a respiratory therapist and returned to medical school at The Boonshoft School of Medicine at Wright State University in Dayton, Ohio. He graduated with honors and was elected into the international honor society of Alpha Omega Alpha. Dr. Wilkinson completed his urologic surgery training at the University of Kentucky, Albert B. Chandler Medical Center in Lexington, Kentucky. During his residency he received the Excellence in Medical Student Education Award. Dr. Wilkinson is board certified, a Diplomate of the American Board of Urology, and practices with Gulfshore Urology.

Rebekah Bernard, M.D. – Secretary



Dr. Bernard is a Family Physician in private practice at Gulf Coast Direct Primary Care in Ft. Myers. A Florida native, Dr. Bernard grew up in the rural town of Clewiston, attended the University of Florida graduating with a degree in Sociology, and received her medical degree from the University of Miami. She completed her residency at Florida Hospital in Orlando, and served for 6 years in Immokalee as a National Health Service Corps Scholar. Dr. Bernard is board certified in Family Medicine from the NBPAS and Hospice and Palliative Medicine. She is the author of "How to Be A Rock Star Doctor."

Alejandro D. Perez-Trepichio, M.D. – Officer/Director-at-Large



Born in Argentina, Dr. Perez-Trepichio is a 1985 graduate of the National University of La Plata. He pursued a research career at the Cleveland Clinic Foundation, where he received grants from the National Institutes of Health as co-investigator and published several articles in peer reviewed journals. He then completed his Internal Medicine residency at the Cleveland Clinic and relocated to Naples. In 2009 he was appointed a member of the physician leadership for Millennium Physician Group. From 2014-16 he represented CCMS as an FMA delegate and currently is a PHO/SWFPA board member.

continued on page 9

CCMS 2017-2018 Officers of the Board

continued from page 8

Paul C. Makhoulf, M.D. – Director-at-Large



Dr. Makhoulf is a graduate of the Royal College of Surgeons in Ireland and did his residency training in Family Practice and Nuclear Medicine at VCU Medical Center (Medical College of Virginia). Dr. Makhoulf is certified by the American Board of Nuclear Medicine and joined Radiology Regional Center in Southwest Florida in 2007. In his spare time, he enjoys philanthropic work and spending time with his wife and their new daughter. He currently serves as President of the Board of Directors for the Cancer Alliance of Naples, a local not-for-profit organization.

Rebecca G. Smith, M.D. – Director-at-Large



Dr. Smith, Medical Director for VITAS Healthcare, earned her BS in Biology and MS in Physiology from The Pennsylvania State University, and MD from St. George's University School of Medicine. She began her internship in Internal Medicine and residency in Physical Medicine and Rehabilitation (PM&R) at Louisiana State University Medical Center, which was completed at Temple University Hospital. She completed a fellowship in Pain Medicine at Harvard Medical School. Dr. Smith is Board Certified in PM&R, Hospice and Palliative Care Medicine, and Pain Medicine. In her spare time, she has co-authored peer reviewed publications, teaches at St. George's University School of Medicine, and enjoys spending time with her family and traveling.

FMA Delegation Additions



Jose Baez, M.D.
FMA Delegate



George Brinnig, M.D.
FMA Alternate Delegate



Fritz Lemoine, M.D.
FMA Alternate Delegate

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"EARN MORE, KEEP MORE"

CCMS Hosts 9th Annual Women's Health Forum

As part of its ongoing efforts to be a resource for residents and visitors in Collier County, Collier County Medical Society and the Foundation of CCMS were pleased to host the 9th Annual Women's Health Forum, a free health education event for the public, on Saturday, March 4th.

The forum, with the theme "Better Health, Better Life" was held at a new host location at St. John the Evangelist Catholic Church. From 8:30am-12:30pm, more than 300 attendees enjoyed breakout sessions with educational talks from 24 CCMS member physicians, an exhibit hall with over 20 vendors that provide services for women, and a healthy continental breakfast.

Topics of discussion included Nutrition, Cardiology, Osteoporosis, Dermatology, Vascular Health, Neurology, Gastroenterology, Fitness & Exercise, and more. Each session allowed time for attendees to pose questions to the physician presenters.

The success of the event allowed CCMS to donate \$5,000 to the Foundation of CCMS, to help provide scholarships for future medical professionals and funds for local healthcare programs in need.

The Women's Health Forum was made possible with the support of presenting sponsors Physicians Regional Healthcare System, Vein Specialists, and VITAS Healthcare. Major sponsors were Doctors Hearing and éBella Magazine.

View more event photos at facebook.com/ccmsfoundation.



Women's Health Forum Speakers Dr. Rebecca Smith and Dr. Marilyn Varcoe



Forum attendees await the next breakout session



Rebecca Cersasimo staffs the Physicians Regional table



Dr. Patrick Nero and Marissa Listello at their Vein Specialists table

Dr. Paul Jones to Receive 3rd Annual CCMS Physician of the Year Award



Collier County Medical Society is pleased to announce Dr. Paul Jones, NCH Hospital President of the Medical Staff and Chairman of the Medical Executive Committee, is the recipient of the 3rd Annual CCMS Physician of the Year Award. The award honors a CCMS member who deserves special recognition for exemplary contributions to the practice of medicine and/or outstanding service to our community. Members of the Medical Society submitted nominations for this prestigious award to the CCMS Board of Directors, who have selected Dr. Jones from the talented pool of candidates.

The award will be presented at the 60th Anniversary CCMS Annual Meeting & Installation of Officers, May 13, 2017 at the Quail Creek Country Club.

"I would like to acknowledge CCMS' tireless work on behalf of the physicians and our patients here in Collier County," said Dr. Jones. "I feel very blessed and privileged to have served this community for almost 30 years and cannot imagine doing it without being a CCMS member."

Dr. Jones was nominated by Dr. James Talano, who commended Dr. Jones for his commitment to community service as founding member and Chairman of the Board of the Neighborhood Health Clinic. "He continues to volunteer for the organization providing free care for our indigent working population of Collier County, said Dr. Talano. "Also, despite his heavy work load with hospital and patients, he continues to participate as a physician volunteer for high school sports, performing physical examination and as a physician volunteer for the Naples Gator football team. Dr. Jones gives his time relentlessly to our community, providing leadership and direction to many of the physicians in Collier County."

"We are pleased to acknowledge those physicians who continue to give to their community their time and talents beyond the usual call of duty," CCMS President Dr. Rafael Haciski commented. "Congratulations, Dr. Jones, and thank you for being a shining example to all our members who work to provide quality medical care in Collier County."

The Foundation of Collier County Medical Society presents

Docs & Duffers 2017

a Charity Golf Tournament benefiting efforts to address access to healthcare,
promote health education and serve the community's public health needs

Saturday, September 23rd Bonita Bay Club Naples

Open to the Public / Register at ccmsfoundation.org / call (239) 435-7727

Details

8:00am: Registration / Refreshments

8:30 am: Introduction

8:45am: Shotgun Start, Scramble Format

1:15 pm: Lunch & Awards Ceremony

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Radiology Regional Center

Telemedicine: Reshaping Healthcare

Nick Hernandez, MBA, FACHE - CEO, ABISA



One of the tenets of the Affordable Care Act was to provide access to care for all Americans. To that end, telemedicine is a piece of the healthcare transformation and the government is slowly helping with telehealth initiatives. Currently, states fall into one of twelve regional resource centers. Each resource center is funded by a federal grant to

promote the use and expansion of telemedicine. Florida falls under the Southeastern Telehealth Resource Center, along with Georgia, Alabama, and South Carolina.

It is important to note that telemedicine is not a separate medical specialty but rather a different means of healthcare delivery. Telemedicine is defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. It is an effective delivery system for providing quality care and produces better utilization of limited healthcare resources.

Under healthcare reform, we are expecting patients to be consumers and as telemedicine promotes competition, we should see prices drop. Additionally, the use of telemedicine has already revealed high patient satisfaction and demonstrated that patients prefer telemedicine over travel or wait times. Moreover, by implementing telemonitoring (the use of devices to remotely monitor patients vital signs), patients are empowered to be active participants in their own health care.

There is a growing shortage of healthcare providers and telemedicine seeks to solve that issue as a disruptive innovation for the healthcare industry. We will begin to see part time and retired physicians engaged in telemedicine. It has been stated that there are two types of physicians: those that are doing telemedicine and those that will be doing telemedicine. That being said, there are many considerations physicians must consider before jumping into telemedicine with both feet.

While telemedicine is already available to patients nationwide, programs vary significantly in their objectives, scope, and complexity. Not all telemedicine programs are designed the same or offer the same level of service. Additionally, telemedicine needs are different for solo and small group practices than for hospitals and healthcare systems.

Assessing service needs and the organization of the practice, defining a program model, and developing a business case are some of the initial steps that a practice must undergo. These are critically important detailed steps to take prior to developing a plan and selecting technology. There are diligent legal concerns that must be considered throughout the process as well. Patient confidentiality needs to be a paramount consideration. Deciding to implement a telemedicine solution with ad hoc processes, procedures, and technology is ill-advised indeed.

Indeed there are a multitude of tasks to cover before adding a telemedicine service to your practice. Some other considerations include licensure, malpractice insurance, patient consent forms, job duties, EMR integration, charge capture, metrics capture, and marketing. You may also be in need of financing for this new service as a startup business. Furthermore, when working on the technology phase, selection of cool toys and software applications is not enough. Practices must also deliberate over connectivity development and contingency plans.

For all these reasons, it is highly advisable to seek out a practice consultant with experience in telemedicine solutions. An experienced consultant can help you consider critical aspects of development as well as support decision making. A structured development process allows you to consider decisions and impact before making buying and other costly decisions.

FMA Policies on Telemedicine

P 465.005 FMA POSITION ON TELEMEDICINE

The Florida Medical Association (FMA) supports Florida licensure of physicians who provide evaluation and treatment via telemedicine. Telemedicine is a medical service and should be reimbursable as is any other medical service provided by a physician. The FMA endorses telemedicine legislation that supports physician practice and will work with the Board of Medicine in its regulation of telemedicine; and further asks the American Medical Association (AMA) to encourage individual state Boards of Medicine to regulate telemedicine and to work with individual state legislatures to seek full licensure for intrastate telemedicine practice and to seek appropriate reimbursement for physicians who provide telemedicine services. (*Res 12-401, HOD 2012*)

P 465.006 TELEMEDICINE AND RULEMAKING

The Florida Medical Association (FMA) supports proposed legislation consistent with FMA policy that requires rulemaking by the Board of Medicine addressing telemedicine. (*BOG May 2013*)

It's Time for Physicians to Stop Being Pushovers

Rebekah Bernard, MD – CCMS Officer/Director at Large



Like many physicians, I'm a people pleaser. On my medical school application, my personal statement was a literary cliché filled with my dreams of helping others, easing pain, soothing suffering — and I really meant it. What I didn't know then was how difficult it would be to negotiate making patients happy while doing the right thing medically.

Medical school and residency didn't adequately prepare me for the emotional strain of saying "no" over and over to my patients. How to harden my heart against the tears of a patient requesting an early refill for pain medication. How to listen to all of the other modalities that have been tried and failed: "This is the only thing that works!" How to guard against the emotional manipulation, charm, and charisma that many patients with addiction exude. What to do when a patient reports coldly that they went to another doctor after you refused to prescribe an antibiotic for their cold, and got a Z-pack, which "worked like a charm."

Doctors are stuck in a pinball game of guilt and blame. We are blasted in the media for overprescribing antibiotics for viral infections, yet face angry and upset patients who criticize us on doctor-grading sites when we don't prescribe them. And while good communication helps ameliorate negative patient attitudes, the truth is that doctors get tired, and it gets harder and harder to "sell" the correct medical treatment as the work day progresses.

More recently, doctors are being criticized for overprescribing pain medication, with a recent CNN report from Dr. Sanjay Gupta titled, "Doctors are responsible for the opioid crisis." This, after years of medical societies lambasting doctors to consider pain as the "fifth vital sign," and even threatening physicians with possible legal action for failure to control pain adequately.

No wonder doctors are burning out.

The trend towards rewarding (or punishing) physicians based on patient satisfaction makes the dilemma of providing the best care even more difficult. The reality is that patient satisfaction does not seem to correlate with quality of care. In fact, more satisfied patients have worse outcomes and higher health care costs, partly due to doctors ordering tests just to satisfy patients.

But despite this data, hospitals continue to rate physicians based on patient satisfaction scores, and Almost all of MACRA's programs include patient satisfaction (or "experience") criteria as factors in payment. This mixed signal hits physicians hard. We have to choose: are we going to be pushovers with great satisfaction scores? Or will we refuse to be scapegoats, the cause of all of society's ills?

I have spent the last fifteen years walking the fine line between quality medical care and patient satisfaction. And I will admit it: there have been times that I have taken the path of least resistance when it comes to yet another extended discussion about why the treatment that my patient wants is not the best choice, and just given in. This usually happens when I'm mentally exhausted and dealing with a particularly demanding patient.

But now I see that this is no longer an option. It's time for me to stop being a pushover and take a harder line. It will be emotionally draining, my patient satisfaction scores will probably drop, and some people will leave my practice. But if I can stand firm, I know that eventually it will get easier.

I don't want to be a scapegoat anymore.

EAP Now Available at No Cost to Eligible CCMS Member Practices!

In addition to the new counseling benefit available to all CCMS physician members (visit ccmsonline.org/physicianwellness), physicians, staff, and family members at CCMS member practices currently enrolled in the Guardian Insurance Marketplace through Leading Edge Benefit Advisors are now automatically enrolled at no cost in the WorkLifeMatters Employee Assistance Program provided by Integrated Behavioral Health, Inc.

What is an EAP?

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For details on the CCMS Guardian Marketplace or the CCMS Health Insurance Co-op, contact Leading Edge Benefit Advisors: (239) 433-4471 or info@le-advisors.com.

CCMS After 5 Social – March 23
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 Foundation of CCMS/American SIDS Institute Fundraiser – April 8



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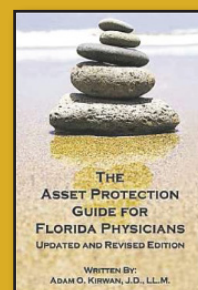
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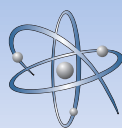
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