

November/December 2018 • Volume 17, No. 6 • The Official Magazine of Collier County Medical Society

CCMS Member Spotlight – "Retiring" to New Opportunities







In this issue: Foundation of CCMS Golf Tournament pg. 8; A Commentary on Real Healthcare Reform pg. 10; Virtual Reality for Pain Management pg. 12; Member Event Photos pg. 14

CALENDAR OF EVENTS

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

Friday, November 9, 6:30pm CCMS New Members Welcome Reception Kapnick Center at Naples Botanical Garden

Saturday, November 10, 6:00pm CCMS Alliance Rotating Dinner Fundraiser Pine Ridge Estates

> Thursday, November 15, 5:30pm CCMS After 5 Social The Claw Bar, Bellasera Resort

Thursday, November 29, 5:30pm CCMS Wellness Event: Healthy Holidays – a Cooking Demo for Physicians YMCA Naples

> Friday, December 7, 6:00pm Foundation of CCMS Social PGA Tour Superstore

Saturday, February 23, 8:30am CCMS Women's Health Forum Naples United Church of Christ

Friday, March 8, 6:00pm CCMS & LCMS After 5 Social Location TBD

Wednesday, March 20, 6:00pm CCMS Spring General Membership Meeting Arthrex

Saturday, March 30, 5:30pm CCMS & CCMSA Everblades Hockey Family Outing Hertz (Germain) Arena

> Saturday, May 4, 6:30pm 2019 CCMS Annual Meeting Wyndemere Country Club

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Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any

MEMBER NEWS

New Members:



Aschanti Abarca Selva, M.D. Millennium Physician Group 1735 SW Health Pkwy Naples, FL 34109 Phone: (239) 249-7800 Fax: (239) 249-7803 Board Certified: Family Medicine



Kathleen M. Marc, M.D. Aesthetic Treatment Centers 720 Goodlette Rd Ste 300 Naples, FL 34102 Phone: (239) 322-3790 Board Certified: OB/GYN Specialty: Aesthetic Medicine



Paul S. Zuercher, M.D. Gulfshore Concierge Medicine 2230 Venetian Ct Ste 2 Naples, FL 34109 Phone: (239) 566-3100 Fax: (239) 566-1950 Board Certified: Internal Medicine

Reinstated:

Dawn M. Bertram-Stewart, M.D. Apple Pediatrics 6615 Hillway Cir Ste 201 Naples, FL 34112 Phone: (239) 455-1882 Fax: (239) 455-2412 Board Certified: Pediatrics

New Practice:

Troy L. Shell-Masouras, M.D.

Breast Surgical Oncologist Paradise Coast Breast Specialists 1890 SW Health Pkwy Ste 100 Naples, FL 34109 Phone: (239) 734-3533 Fax: (949) 543-2925

New Location:

Naples Heart Rhythm Specialists

The 201 8th St location moved to: 730 Goodlette Rd N Ste 100, Naples, FL 34102 Additional offices: 6101 Pine Ridge Rd Desk 12-13, Naples, FL 34119 8340 Collier Blvd Ste 301, Naples, FL 34114

New Fax Number:

Kent V. Hasen, M.D. Aesthetic Plastic Surgery & Med Spa of Naples Fax: (239) 316-4363

In Memoriam: Malia M. Jackson, M.D.

Board Certifications:

Bobbi G. Brady, M.D. Dermatology The Woodruff Institute

Daniel Masvidal, M.D.

Electrophysiology Naples Heart Rhythm Specialists

Retired:

Jean F. Burton, M.D. Susan K. Morgan, M.D.

Corrections to Physician Directory:

Stephen L. Friedman, M.D. Friedman Pain Management, P.A. Fax: (239) 597-7348



Donald D. Newman, M.D. Correct photo



Steven B. Newman, M.D. Correct photo



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CCMS Member Dues

The 2019 CCMS dues deadline is Dec. 31, 2018. Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices will also be mailed directly to members who pay individually, or to practice administrators for group payment. Thank you for renewing!

A Message from the President

Cesar De Leon, D.O., President, Collier County Medical Society



Dear CCMS Member:

On behalf of the CCMS Board of Directors, I am writing to express our concern over the proposed admissions policy reported in the Naples Daily News article titled "New admissions policy at NCH hospitals in Collier concerns independent doctors" (October 12, 2018).

We believe that the proposed policy described in the article would be detrimental to individual patients as well as the overall community. We have urged the NCH Board of Trustees to reconsider the policy and join in the dialogue with our 600+ physician members so that together, we can ensure Collier County residents and visitors will continue to receive the quality care that all patients deserve.

The position and the mission of CCMS has always been to serve the needs of our physician

members, so they can better serve the needs of our community. We believe the needs of the community are best met with the patient's own primary care physician directing care in partnership with the specialists and hospitalists they know and work with best.

In a cohort study of 560,651 admissions of Medicare beneficiaries in 2013 published in JAMA Internal Medicine (Comparison of Hospital Resource Use and Outcomes Among Hospitalists, Primary Care Physicians, and Other Generalists – December 2017), patients who received care from their own PCPs during hospitalization were more likely to be discharged to home and were less likely to die within 30 days compared with those cared for by hospitalists.

Retaining the ability to admit and direct the care of our own patients, whether performed by the PCP directly or by well-trained and experienced hospitalists (independent and NCH-employed) will allow community physicians to continue the needed and cherished relationship between a patient and his/her doctor, while helping NCH remain a 5-star system, contain cost of care, and increase patient satisfaction. Coordination of care is a key element of success in managing total episodic cost of care and reducing 30-day readmission rates. Therefore, using already established communications or enhancing the safe discharge of patients to either post-acute care or the home can best be done with existing community physician participation.

Additionally, in our experiences, patients experienced less stress and anxiety on admission when a PCP participated in their treatment. For example, after fifteen years of care, my patients, mostly Hispanic, rely on my guidance, or my recommendation of physician that I choose to represent me during their hospitalization. They would feel lost without it.

The NCH Healthcare System is known as a hospital that has maintained a high degree of quality as well as respect for the practitioners in Collier, whether hospital-employed or not. It has never restricted independent physicians from admitting and caring for their own patients. We were pleased to read in the article that NCH CEO Dr. Allen Weiss stated the medical staff would not be closed to community physicians.

The CCMS board desires the same thing for our community that you do – to keep Collier County one of the healthiest counties in Florida. NCH has excellent staff physicians (employed and independent), many among our CCMS members. I am confident that given the opportunity and equal resources, all doctors and allied health professionals in this community can and will provide the very best care possible while fulfilling the necessary metrics mandated by payers.

We look forward to working with NCH and our community physicians to ensure quality care for our patients.

Sincerely, Cesar De Leon, D.O. MHA President

Visit the new CCMS Patient Choice educational webpage ccmsonline.org/patientchoice for more resources on this issue and information for patients.

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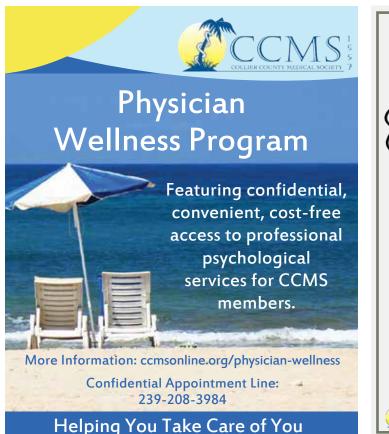
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CCMS Member Spotlight Volunteering in Retirement: Physicians Who Take the Road Less Traveled

In retirement, transitioning from a physician to a volunteer previously his last fight was in the third grade! detective doesn't seem intuitive, however, some physicians are taking on unconventional new territories. Other retired physicians are expanding upon or getting back to their roots as healthcare practitioners. Stepping outside of the traditional "doctor" role gives physicians not only a taste of a second career but also broadens their perspectives and skill sets. Here are three CCMS retired physician members who "retired" to new endeavors.



Dr. Montgomery attends a CCMS event with wife, Mary Lee

Dr. Charles Montgomery

Ophthalmologist and founder, Montgomery Eye Center Practiced for 35 years, in Naples since 1970, retired in 2002 CCMS Past President

Retirement Activity: Auxiliary Sheriff's Deputy for Collier County

His advice to physicians today: If you put your patients first, you will succeed.

According to Dr. Charles Montgomery, when he decided to slow down from the practice of medicine, he had three requirements - "it was time to do something other than medicine, it had to be mentally and physically challenging, and it had to give back to the community." And then, "an opportunity to go through police academy dropped in my lap," he said.

Dr. Montgomery has had a wide range of experiences volunteering as an Auxiliary Sheriff's Deputy. He started on road patrol where he's been in car chases, then was part of a hostage negotiating team where those involved faced life and death situations. Most recently he joined the Criminal Investigations Division, where as a detective he investigates property crimes, assists with auto thefts, and has arrested suspects for crimes ranging from shoplifting to attempted murder. Since Hurricane Irma, Dr. Montgomery has been heavily involved in tracking down unlicensed contractors and investigating contract scams. As a volunteer Deputy, he has even been in a fight, though

In this role, Dr. Montgomery has witnessed the bravery of Collier County deputies. "They are some of the best leaders I've ever seen," he said. "So much of what we do in law enforcement is not happy and we get called to bad situations, however, I've been really impressed with how well the deputies handle it and work as a team."

One of his biggest challenges as a Deputy is the lack of time. "As a detective, there is a seemingly limitless number of people who need my attention and so many scams and crimes that need to be solved." But he believes his experience as a physician helps him. "Practicing medicine is a people profession, and law enforcement is too," he said. "You get a clue here and a clue there, and then you make a diagnosis, just like in medicine. A victim of a crime is hurting in some way, so you do the best you can to alleviate the pain and solve the mystery."



Dr. Humphrey examines a patient at the Neighborhood Health Clinic

Dr. Wendy Humphrey

Obstetrics and Gynecology Practiced for 29 years, 21 years in Naples, retired in 2015 CCMS Grievance Committee Member Retirement Activity: Professor, Volunteer Physician Her advice to physicians today: You really have to love what you do to practice medicine.

When Dr. Wendy Humphrey started college, her intended career path was to be a teacher. She decided however, to switch gears and go to medical school. Now that she has retired, she says, one of the biggest rewards has been returning to her "original love of teaching."

Dr. Humphrey, who is originally from Ohio, is now an Adjunct Clinical Professor of Obstetrics and Gynecology at Northeast Ohio Medical University, teaching courses on campus as well as

continued from page 6

online, splitting her time between Ohio and Florida. When on campus, she has a clinical skills assessment class where she gives her students different OBGYN case scenarios with an actor or actress. She grades them in the areas of appropriate history, physical exam, differential, diagnosis and appropriate testing, and treatment. When she is in Naples, she teaches three online courses: medical errors, healthcare economics, and physician burnout. Dr. Humphrey also volunteers to teach the women's health lectures for the NCH internal medicine residents. She says her role as a professor is a "natural fit" after her clinical practice, where she spent a great deal of time teaching patients about their conditions and treatment.

In addition to her educational roles, Dr. Humphrey also volunteers as a gynecologist at the Neighborhood Health Clinic in Naples and at a free migrant clinic in Ohio. She says she enjoy this work because she gets to continue practicing in a field she loves, and it lets her get back into medicine for the reasons she went into medicine originally. "It lets me spend time with the patient and I don't have electronic medical records interfering," she says. "My documentation is only what is pertinent to the situation and I can establish a relationship with the patient and solve her problem without the EMRs getting in the way."

Dr. Humphrey is also enjoying a new role in retirement – parent to a future physician. "I am fortunate to have a son who shares my passion. He is doing his residency in emergency room medicine, we have a special bond being able to share medical cases with each other."



Dr. Freedman at a health fair with colleague Norma Callahan

Dr. Howard Freedman

Pediatric Ophthalmology Practiced for 41 years, 18 years in Naples Retired in 2000 CCMS Medical Missions Sub-Committee Member Retirement Activity: Certified Fundraising Professional, Volunteer Physician His advice to physicians today: Don't be afraid to start volunteering.

Dr. Howard Freedman started volunteering as Medical Director in 2008 for the Lions Club. They were opening a new free clinic in Bonita Springs, and he was on a team of doctors that developed a wish list of the medical equipment needed to open the doors. The equipment costs totaled \$100,000, and he started seeking out used equipment by attending industry trade shows. "I was shocked by the number of people that wanted to help," he said, and he helped to secure \$250,000 worth of equipment.

And then Dr. Freedman went back to school "all over again" to learn a different skill, that of a fundraiser. He is now Fundraising Chair for the clinic and helps the clinic to raise a quarter of a million dollars each year writing grants and meeting with donors. "Being a doctor, you inherently have the ability to learn new things, listen well, ask the right questions, and solve problems," he said. "With a paradigm shift I was able to apply these same skills as I transitioned into fundraising. Being a doctor trained me how to be a boss; being in fundraising has helped me to become a team leader."

Dr. Freedman has served as a volunteer physician around the world, and says it wasn't until he started working with Lions Clubs and started doing community service at their clinics, that he realized he "didn't have to leave town to help people." His nicest reward is after an exam telling the patient that their treatment is free and seeing the huge smiles on their faces. "By serving the needy and sharing your knowledge, you keep your mind busy and your heart engaged, and this is the most pure essence of caregiving."

Dr. Freedman advises physicians to not get so involved with their practices that they lose sight of what is most important: friends, family and good health. "When I was 30 I was diagnosed with Hodgkin's Disease and almost died. This changed my priorities. I started taking one week off a month to travel with my wife, and I have never regretted it."

It takes a certain level of curiosity and desire to discover new horizons, however, it is without question that these physicians have thrived in their new roles. It seems the poet Robert Frost was on to something when he wrote "Two roads diverged in a wood, and I - I took the one less traveled by, And that has made all the difference."

Foundation of Collier County Medical Society's 5th Anniversary "Docs & Duffers" a Success

Foundation of CCMS

The Foundation of Collier County Medical Society recently hosted its 5th Anniversary "Docs and Duffers" charity golf tournament & raffle at Bonita Bay Club Naples. The popular event took place October 6th and raised approximately \$20,000 in net proceeds with participation from nearly 100 golfers, 22 sponsors & supporters, nearly 40 prize donors, and numerous volunteers.

"We are grateful for the continued support we receive for our annual charity golf tournament," says Dr. Rolando Rivera, Foundation board chair. "The participation of our golfers, supporters, and volunteers raises critical funds for healthcare needs in Collier County."

Money raised from the event will provide scholarships for future medical professionals and funding for community healthcare programs in need. The Foundation provided \$36,000 in scholarships in 2018, including the Dr. William Lascheid Memorial Scholarship for Medical Students and 5 additional healthcare scholarships. Scholarship applications for 2019 will be available at ccmsfoundation.org in December 2018.

The mission of the Foundation, the 501(c)3 charitable arm of the Medical Society, was established in 2012. Its mission is to provide support and leadership to programs that address access to healthcare and promote health education.

The event was supported by in part by Southwest Florida Physicians Association, Family Foot & Leg Center, Gulfshore Urology, and Naples Heart Rhythm Specialists. Visit ccmsfoundation.org for a link to our entire sponsor list. View photos from the tournament at facebook.com/ccmsfoundation. Stay tuned for more information on the Foundation's 6th Annual Docs & Duffers, which will be held in the fall of 2019. Visit ccmsfoundation.org for updates.

Spotlight on our Docs & Duffers Sponsors:

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SWFPA, the Southwest Florida Physician Association is the (IPA) Independent Physician Association that contracts with independent physicians, and provides services to managed care organizations. SWFPA incorporated in 1987 and now has more than 1000 local physician



members of multiple specialties. The contracting services provide access to over 100,000 lives in Collier and Southern Lee counties through 25 different agreements direct with self-insured employers, networks, and health plans. SWFPA is the only select providers for the not for profit corporation, Naples Physician Hospital Organization, The (PHO) DBA/Community Health Partners.

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Docs & Duffers and Foundation Social Event



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Dr. Ray Montecalvo, Dr. Catherine Kowal and Derrick DeHays



Dr. William Ross, Dr. Monica Woodward and Mike Dillon



Miriam Lemoine and Marisol Baez



Nolan Henke and Dr. Rolando Rivera See more photos at facebook.com/ccmsonline

A Commentary on Real Healthcare Reform

Amy S. Chappell, M.D., CCMS Member, Diplomate of the American Board of Psychiatry and Neurology, Inc.



professionals or their patients.

is movement gaining momentum across this focused country on transforming health and redefining health care. It's been sparked by recognition that the status quo approach of treating symptoms with ever-increasing quantities of pills and procedures is unsustainable and not in the best interest of medical

This movement is led by medical professionals, myself included, who are part of the American College of Lifestyle Medicine (ACLM). A medical professional association, ACLM even more so is a galvanized force for change—physicians and allied health professionals who have awakened to the fact that a pill for every ill is not the ideal answer; that real health care reform is not about determining who will pay for the ever-increasing cost of care. REAL Health Care Reform is about using what we know—evidence-based Lifestyle Medicine—to rein in costs and deliver far superior health outcomes by treating root causes of chronic disease.

Lifestyle Medicine doesn't replace traditional, modern medicine. We need traditional acute care medicine and are thankful for it. This being said, Lifestyle Medicine must become the foundation of a transformed and sustainable system of health care delivery—again, focused on identifying and eradicating the root cause of disease. We must recognize that what we eat, how we move, how we sleep, how we deal with stress—these are foundational pillars that, to a large extent, determine our own and our patients' health outcomes.

Lifestyle Medicine has the potential to arrest and even reverse chronic disease, adding years to lives and life to years. The result is far less demand for costly medical services and prescription drugs. Lifestyle Medicine's focus is on the 80% or more of all health care spending tied to the treatment of conditions rooted in unhealthful lifestyle behaviors.

Our nation can reduce demand, improve health and stop the senselessness of ever-increasing prescribing of procedures and prescription medications for symptom management that is draining the pocketbooks of Americans—as we now have 70% of all Americans and 90% of all seniors taking prescription meds, with the U.S. spending more on pharmaceuticals than the rest of the world combined! We can reverse our chronic disease and the associated cost trends.

You may be unaware that How? With a Lifestyle Medicine-first approach to health care.

Lifestyle Medicine prevents, treats and, oftentimes, reverses chronic diseases such as type 2 diabetes, heart disease and Alzheimer's by addressing root causes, with evidence-based lifestyle therapeutic approaches such as a predominantly whole food, plant-based diet, regular physical activity, adequate sleep, stress management, avoidance of risky substance use and other non-drug modalities. Lifestyle Medicine is quietly becoming the fastest-growing medical specialty here in the U.S. and around the world.

Hundreds of physicians including me took the first-ever board certification exam in Lifestyle Medicine last October and the next cohort will sit for the exam in just a few weeks. Medical schools, for the most part having never included more than basic nutrition in their curricula, are beginning to offer "food as medicine" and other Lifestyle Medicine courses. The Association of American Medical Colleges recently referred to the Lifestyle Medicine Physician as one of the top five emerging medical careers.

Membership in the ACLM is growing rapidly. Attendance at ACLM's annual national conference is at record levels. Other like-minded organizations are experiencing similar growth. And respected publications such as The Permanente Journal are taking up the charge, publishing articles on the dramatic impact of Lifestyle Medicine on health and survival.

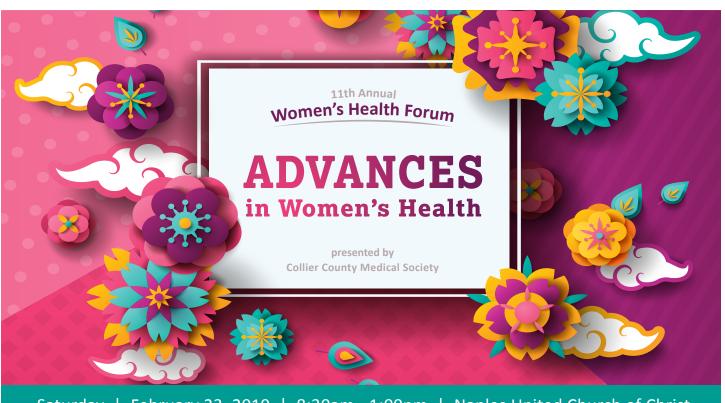
In the face of epidemic levels of physician burnout and trends showing physicians leaving the current "sick care" field, Lifestyle Medicine is the antidote—wherein clinicians find anew their passion and inspiration to become true healers—educating, equipping and empowering their patients to restore health and vitality.

It's up to all of us to turn the tide and create real health care reform.

We can all start by adopting healthful lifestyle choices to protect our own health, including those of us in the medical field. For those who already have chronic diseases, making specific and significant lifestyle changes has the power to arrest and, often, even reverse these degenerative conditions.

Recognize that you are not a victim of your genes. You, to a very large extent, can protect your health and fight disease through the power of your own lifestyle choices.

Finally, please help get the word about Lifestyle Medicine to local health care executives, insurers, employers and elected officials.



Saturday | February 23, 2019 | 8:30am - 1:00pm | Naples United Church of Christ



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Virtual Reality for Pain Management: An Alternative to Opioids

Miranda Felde, MHA, CPHRM, Vice President, Patient Safety and Risk Management, The Doctors Company



In 2016, science teacher Bob Jester fell off a roof, broke 19 bones, and underwent surgery for his badly broken back. Doctors prescribed opioid, Oxycodone, an during Jester's extended worried recovery. lester that he would become dependent on opioids, so he jumped at the chance to try Virtual Reality (VR) as an alternative to opioids when

an acquaintance told him about a company that was using VR for pain management. When he started using a mobile headset connected to a smart phone that plays VR apps, Jester found his pain lessened and the effect lasted for several hours each time. About a year after his accident, Jester was able to wean himself off opioids.¹

Could other patients with severe acute and/or chronic pain experience the same results?

The State of the Opioid Crisis

The number of opioid prescriptions written annually in the U.S. roughly equals the number of adults in the country.² And sometimes opioids, though intended to help patients, cause harm: The opioid epidemic claims the lives of 115 people every day.³

While the financial costs of the opioid epidemic can be tallied— In 2016, the opioid epidemic's toll hit \$95 billion, with healthcare costs concentrated in emergency room visits, hospital admissions, ambulance use, and Naloxone use⁴—the personal costs to those who have lost loved ones are uncountable. The epidemic's impact is far-reaching and has emotional, physical, and financial implications for our entire society.

Exploring VR for Pain Management

Many physicians are exploring VR technologies as an alternative to prescriptions.⁵ The Gate Control Theory of pain, proposed by Melzack and Wall, suggests that a person may interpret pain stimuli differently depending upon mental/emotional factors such as attention paid to the pain, emotions associated with the pain, and past experience of the pain.⁶ VR addresses both attention paid to pain and the patient's emotional state: The immersive distraction of VR can help a patient mentally transport to another space, such as an underwater seascape, which may also positively affect the patient's emotional state.

In 1996, the Harborview Burn Center in Seattle, Washington,

successfully piloted the use of VR for burn patients with severe acute pain. Since then, more providers have found VR can provide relief for patients experiencing acute pain, such as the type Jester experienced following surgery.⁷

Recent studies have explored whether VR can relieve chronic pain. One small, but promising, study of patients with neuropathic pain found that patients experienced a 69 percent reduction in pain during each session and a 53 percent pain reduction immediately after each session.⁸

Getting Started with VR

To explore VR as an alternative therapy, first consider the distinctions between two key terms:

- Virtual Reality (VR): Provides an immersive experience via a computer-generated 3D environment for the user to explore. The user may be able to move objects or otherwise change the environment.
- Augmented Reality (AR): Adds sounds, videos, and/or graphics to an existing environment, such as an outdoor planetarium where AR viewing glasses show constellations highlighted in the sky.⁹

Then, evaluate VR interfaces that are relevant for patients managing pain, such as:

- Head-mounted display (HMD): Like a heavy-duty pair of goggles plus headphones. Completely surrounds the user's visual field for an immersive experience.
- Treadmills and haptic gloves: Allow the user to physically move around in the virtual environment, and to physically move objects within that environment.

And weigh the value of interfaces that are more relevant for physician use, such as:

- Smart glasses: May look more like regular eyeglasses or more like safety glasses. May display information or help the physician capture information for the electronic health record (EHR).
- Desktop VR or Window on a World (WOW): Uses a desktop or laptop computer to run simulation programs, including those for training.

Mitigating VR Patient Safety Risks

While therapeutic VR for pain management shows promise, there are patient safety risks. They include:

- Falls: Patients wearing a full-surround headset cannot see their real-world environment and may walk into or trip over objects. Even patients in bed can knock things over while waving their arms around. Create a safe physical environment for VR use.
- Motion sickness: Many people experience some

combination of eye strain, headaches, and/or nausea.¹⁰ Patients who are ordinarily prone to any of these symptoms may not be good VR candidates.

- Psychological effects: The brain can store VR experiences as memories in almost the same way it stores physical experiences. Young children, especially, may confuse VR experiences with real experiences, especially when remembering them later. "If you were to do this in the real world, how would it affect you? That's the way to think about virtual reality," says Jeremy Bailenson, director of Stanford's Virtual Human Interaction Lab.¹¹
- The unknown: VR technology is still in its infancy, and therefore, little is known about the long-term consequences of VR use.

The Future of VR for Pain Management

Some physicians imagine a future of tetherless headsets that allow patients in pain the freedom to escape reality and transport to another emotional space. To reap the potential benefits of VR while mitigating its risks, clinicians could start with a two-part approach: identifying patients with specific clinical indications that would benefit from the use of VR and assessing patients for potential risk factors. Successful implementation of VR for pain management depends on wisely deciding which patients are VR candidates—and which are not.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit thedoctors.com/patientsafety.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered. ⁸ Loguidice CT. Virtual reality for pain management: A weapon against the opioid epidemic? Clinical Pain Advisor, September 5, 2017. https://www. clinicalpainadvisor.com/painweek-2017/chronic-pain-management-with-virtual-reality/article/684461/. Accessed June 19, 2018.

⁹ Palladino T. National Geographic's open-air planetarium displays augmented reality constellations through Aryzon viewers. Next Reality, June 21, 2018. https://next.reality.news/news/national-geographics-openair-planetarium-displays-augmented-reality-constellations-through-aryzonviewers-0185390/. Accessed June 25, 2018.

¹⁰ LaMotte, S. The very real health dangers of virtual reality. CNN Website, December 13, 2017. https://www.cnn.com/2017/12/13/health/virtual-reality-vr-dangers-safety/index.html. Accessed June 25, 2018.

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