



THE FORUM

November/December 2020 • Volume 19, No. 6 • The Official Magazine of Collier County Medical Society



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CALENDAR OF EVENTS

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

November 18, 6pm

**Webinar: What you need to know about
Medical Cannabis in Florida**

Hosted by Trulieve
Virtual Event

Event Postponed

CCMS & Lee County Medical Society Social
Mercedes-Benz of Bonita Springs
Stay tuned for details

Event Postponed

**CCMS General Membership Meeting &
Medical Cannabis Panel**
Location TBD
Stay tuned for details

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Up-to-Date COVID-19 Resources:

Visit ccmsonline.org/resources/#covid

Collier County Revised Mask Order in Effect
through April 13, 2021

View Mask Order at
<https://bit.ly/3e1Twwm>

The 2021 CCMS dues deadline is Dec. 31, 2020.

Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices have also been mailed directly to members who pay individually, or to practice administrators for group payment. Thank you for renewing!

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MEMBER NEWS

New Members:



Maurice E. Marchand, M.D.
Radiology Regional
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-1400 Fax: (239) 430-1401
Board Certified: Diagnostic Radiology



Andre Nye, M.D.
Prime MD of Naples
2515 Northbrooke Plaza Dr Ste 200
Naples, FL 34119
Phone: (239) 325-6955 Fax: (239) 330-2933
Board Certified: Family Medicine



Cosmina I. Popa, M.D.
Prime MD of Naples
2515 Northbrooke Plaza Dr Ste 200
Naples, FL 34119
Phone: (239) 325-6955 Fax: (239) 330-2933
Board Certified: Family Medicine; Geriatric Medicine



Farrell C. Tyson, M.D.
Tyson Eye
2640 Golden Gate Pkwy
Naples, FL 34105
Phone: (239) 542-2020 Fax: (239) 541-1492
Board Certified: Ophthalmology



Vivian Wong, M.D.
Skin Wellness Physicians
8625 Collier Blvd
Naples, FL 34114
Phone: (239) 732-0044 Fax: (239) 732-0094
Board Certified: Dermatology

Joined Practice:

Sadiq Al-Nakeeb, M.D.
Millennium Physician Group
6101 Pine Ridge Rd 3rd Fl Desk 33
Naples, FL 34119
Phone: (239) 315-7123 Fax: (239) 315-7122
Board Certified: Internal Medicine; Pulmonary Disease; Critical Care Medicine; Sleep Medicine

Kimberly J. Hamilton, 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; Rheumatology

Practice Relocations:

Jeffrey Alper, M.D.
Alain Alvarez, M.D.
6605 Hillway Cir Unit 101
Naples, FL 34112
Phone: (239) 262-6550

Troy L. Shell-Masouras, M.D.
Paradise Coast Breast Specialists
7955 Airport Rd N Ste 100
Naples, FL 34109
Phone: (239) 734-3533

Directory Corrections:

Jon S. Douchis, M.D.
NCH Physician Group
Updated Phone: (239) 624-1700 Updated Fax: (239) 624-1761

Svetlana Kogan, M.D.
Custom Longevity, P.A.
Updated Fax: (855) 919-1542

Retired:

Robert Tomsick, M.D.

In Memoriam:

Gary Courville, M.D.
Terrance Having, M.D.
Charles Karpas, M.D.
Albert L. Kerns, M.D.

CCMS 2020-21 Physician Member Directory Now Available

Complimentary copies of the CCMS 2020-21 Physician Member Directories are now available at Collier County libraries and major healthcare facilities. Each CCMS member and their office administrator will automatically receive a copy in the mail. If you did not receive your copy, call CCMS at 239-435-7727.



During limited hours, additional copies are also available at the CCMS office; please call to arrange pick-up if you would like additional copies, or visit your nearest library.

The CCMS online "Find a Doctor" also features up-to-date listings of each actively practicing CCMS physician member, visit ccmsonline.org/find-a-doctor.

A Message from the CCMS President

Rebekah Bernard, M.D., President, Collier County Medical Society



As we wind down an unprecedented year of pandemic and political strife and approach Thanksgiving, it's a bit hard to feel the usual sense of gratitude that accompanies the holiday season. After all, the sense of certainty and control that we all crave has been missing for most of the year, and there is no clear end in sight.

While we cannot control world events (or even things happening in our own backyard!), we do have control of one thing: the way we choose to think. Importantly, the way we choose to think determines the choices that we will make—how we act and behave—and can even influence the actions and behaviors of those around us. Changing our thinking isn't necessarily easy and requires deliberate effort and practice. One helpful technique is to work with a qualified psychologist or physician coach, one of the free services available to CCMS members through our Physician Wellness Program. To schedule an appointment, just call the member-only appointment line at 239-208-3984 and identify yourself as a CCMS member. You will receive a same-day response during business hours or next-morning response after hours.

I've personally spent some time working through my own thought processes to improve my wellness as a physician. A few years ago, I decided to take back control of my life by leaving an employed model and opening my own practice. I wrote the article "Improve Physician Wellness by Taking Back Control," featured in this month's *The Forum*, based on my experiences and that of several other physicians in SW Florida. The article was originally published in the Florida Medical Association magazine and won a "Charlie" Florida Magazine Association writing award.

Like most of you, I'm also working through my feelings on the COVID19 pandemic and the polarization of mandatory masking. I've heard from many CCMS members, discussed the issue in detail with your elected Board, and reviewed the scientific literature with our ad hoc COVID19 task force, which includes CCMS members of inpatient and outpatient physicians across multiple specialties, from primary care doctors to infectious disease specialists. While there have been a few dissenters, the majority of the CCMS physicians I have heard from support a mask order in Collier County, specifically for those in close proximity in indoor public spaces, to protect vulnerable residents.

We understand this is not a perfect solution, and there are drawbacks to mandatory masking, including the impact on

personal freedoms. However, in light of phase 3 reopening, "season," the beginning of cold and flu season, and input from the COVID19 task force, the CCMS Board voted to recommend that Collier County commissioners continue mandatory masking for the next few months. On October 22nd the commissioners voted to enact a revised order through April 13, 2021 for unincorporated parts of the county. The order requires facial coverings in public spaces when social distancing is not possible.

Please continue to share your feelings on the issue (and any other areas of concern) with us, as we are continually in discussions as the science evolves and new information becomes available. We also urge you to join the discussion on our private physician-only Facebook group facebook.com/groups/swflphysicians. Please know the Board DOES hear your voice, and we want to know your feelings so we can accurately represent our members.

Another way CCMS has represented our members is by promoting physician-led care. On September 6, the *Naples Daily News* published an op-ed written by myself and CCMS member Mitchell Zeitler, MD, titled "Floridians deserve physician-led anesthesia care" (bit.ly/3nZqT7y). In addition, on September 25, a letter I wrote in response to a pro-nurse practitioner article titled "The Doctor Won't See You Now" was published in the *Wall Street Journal* (on.wsj.com/3lRetwz). The issue of nurse practitioner independence is timely, as the Florida legislature voted to approve autonomous nurse practitioners in primary care last year, and the nursing board is working on the implementation process. If you are interested in learning more about the increase in non-physician practitioners, please check out my upcoming book, "Patients At Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare," which will be published in the next month.

CCMS also supports future physicians and health care professionals through the Foundation of CCMS. Our annual golf tournament was a huge success, especially considering it was delayed and nearly canceled due to COVID19. We were immensely grateful to Tiburón for allowing us to use their beautiful golf course, and to all the golfers, sponsors, and volunteers who participated. Thanks to your efforts, the Foundation donated \$22,000 in scholarships in 2020.

I'd like to also thank infectious disease specialist and CCMS member Rebecca Witherell, MD, for providing an outstanding webinar on COVID19 updates to CCMS members. The webinar was recorded and is available for viewing at youtu.be/FZG_QGs-xcM. If you have ideas for future webinars, please email any board member or April Donahue.

Thank you all for being active members in your medical society. Please contact me via email anytime at rebekahbernard@hotmail.com, at our Facebook page, or reach out to our amazing executive director April Donahue.




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Improve Physician Wellness by Taking Back Control

Rebekah Bernard, M.D., President, Collier County Medical Society



Physicians are amazing problem solvers. This is partly because we are trained to think critically and to act with authority. But it also because we gain a sense of personal satisfaction when we fix something – when we make a difficult diagnosis or come up with an inventive treatment plan – and that intrinsic motivation drives us to continue working to help

patients.

Unfortunately, this group of driven and creative problem-solvers sometimes finds themselves working in a system that impedes their ability to work strategically. When faced with rigid workflows, distracting minutiae, and constant slowdowns, physicians often feel frustrated due to a loss of control.

For many doctors, including Raymond Kordonowy, MD, an FMA member and internist in Fort Myers, Fla, this conflict can take a toll on mental health.



“I was beginning to suffer significant emotional distress,” Kordonowy recalled. “I was angry – not at any one person, but with losing control of the ability to practice medicine the way it should be done.”

After years of frustration with dealing with insurers and Medicare rules, Kordonowy realized he had to make a change. “MACRA finally drove me to understand that no positive change was coming. I reviewed the oaths and ethics of medicine and realized that to be satisfied as a doctor I had to ask third parties out of the room.”

Kordonowy canceled his insurance contracts and opted out of Medicare. He transitioned his practice to Direct Primary Care and created a unique in-patient advocacy service for hospitalized patients. “I have a much better attitude now,” Kordonowy says. “I feel appreciated and respected, and I am able to act in the best interest of my patients.”

Ellen McKnight, MD, FMA member and Rheumatologist in Pensacola, Fla, is also much happier since she took back control of her medical practice. “I worked in a musculoskeletal specialty group for over fifteen years and decided to go out of my own in January 2009,” she says. “At first, I accepted every

insurance and Medicare, but I soon realized that I would face financial penalties if I continued to accept Medicare payments. I decided to stop taking new Medicare patients in 2010 and in 2016, I opted out of Medicare completely. For a Rheumatologist, that’s a really big deal.”



Although it was a difficult decision for McKnight to make, she is sure that it was the right choice. “I love what I am doing. I’ve streamlined my practice, I have zero billing staff to pay, and I can give my attention to the patient and not the computer.”



Another physician who made a radical change to her practice is Tami Singh, MD, an FMA member and Family Physician in Plantation, Fla. “I was told by many that leaving my stable paying hospital job was a mistake,” says Singh, who opened Aspire Health, a Direct Primary Care practice in 2018. But after seeing many of her colleagues quit the practice of medicine, Singh knew

that had to take a different path. “After the rigorous road to becoming a physician, it’s so important to be able to wake up every day and enjoy what you do. I am fortunate to continue to practice medicine – and now I have more time for my family, friends, and other things I’m passionate about like teaching and volunteering.”

Sometimes even just brief change can bring a new perspective and improve physician well-being. Vanessa Vizcaino, MD, a Family Physician in Wellington, Fla, used a transition period during her employed practice as an opportunity to work locum tenens in New Zealand. “I needed a mental break, and I love traveling,” says Vizcaino, who also wanted to learn more about New Zealand’s medical system. “Their system is very different – it’s very simple and the charting is minimal, so you can see 26 patients comfortably and without rushing. I loved everything about it.”

Physicians don’t necessarily need to leave their practice to take back control. The simple act of learning to think about our circumstances differently can make a big difference.

“Control is an illusion,” says Corey Howard, MD, [CCMS member and past] FMA president who practices in Naples, Fla. “The truth is that you can only control how you feel about things.”

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Howard recommends that physicians make conscious choices about their careers. “Not everyone wants to be independent, but we can open our minds to the possibility of change.” He also recommends that physicians focus on interests outside of medicine. “Don’t let your job be your life. Pursue your interests. Be spontaneous.”

Above all, physicians need to remember that they are not alone, and that we can regain control by working together. “We need to stay unified and build networks to help each other,” says Howard. “Carve out the time to socialize, to get together, and get involved. Get in the middle and drive change.”

To change your thinking, consider working with a psychologist to learn techniques like cognitive reframing. Steven Cohen, PsyD, the co-author of “Physician Wellness: The Rock Star Doctor’s Guide” and psychologist for the Lee County and Collier County Medical Society Physician Wellness Programs points out that numerous scientific studies have shown that cognitive behavioral therapy is effective. “By learning to identify your belief sets and acknowledging the emotions they cause, you can develop insight about your behavior and motivations. This helps you gain control of your choices and your actions.”

Many county medical societies in Florida offer confidential psychology services as part of their Physician Wellness Programs. The FMA has a link (bit.ly/2HaSWzQ) to available programs, and medical societies without a wellness program can learn how to create one using a free toolkit.

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How it Works

As an exclusive benefit to all CCMS members, CCMS provides you up to 6 sessions per year at no charge with doctorate-level, clinical psychologists.

- View participating psychologists at ccmsonline.org/physician-wellness.
- Call the PWP **private appointment line, 239-208-3984** and identify yourself as a CCMS member. Receive same-day responses during business hours or next-morning response after hours.
- See the psychologist within 72 hours to 1 week, possibly sooner for urgent needs, with evening and early morning hours potentially available.
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COVID-19 Is Changing Liability Risks and Litigation in Healthcare

Interview with Bill Fleming, Chief Operating Officer, The Doctors Company



Across the spectrum of care, healthcare delivery is changing as the COVID-19 pandemic continues, creating additional pressures to maintain patient safety and shaping new liability risks for hospitals, group practices, and solo physicians.

Understanding how these new risk exposures are unfolding—and how adverse events may be litigated in a courtroom

environment also under strain—is the first step to taking protective measures.

Mr. Fleming offers his expert insights:

Q) What kinds of lawsuits do you expect to see linked to the COVID-19 pandemic?

A) Extraordinary circumstances and a steady stream of directives (and revisions thereto) from state and local governments have pressed physicians, practices, and hospitals to practice medicine in ways they never have before—or to not practice medicine, when certain elective forms of care have been suspended by government action, often to conserve PPE and other resources. In spite of reasonable efforts under difficult conditions, it's likely that some adverse events will be traced to this time.

It is important to note that “elective” in this context does not mean unnecessary or optional. It includes important screening and diagnostic procedures such as colonoscopies, some cancer and cardiac surgeries, and most dental procedures. Delay of elective procedures may be a source of increased litigation—many biopsies for cancer, for instance, have lately been delayed, and delay in diagnosis was already one of the most expensive areas of litigation pre-COVID-19.

Other delays in care may be linked to access issues. Telemedicine has been a lifesaver for many during this crisis, but some vulnerable patients may lack access. Infrastructure can also present a barrier to telemedicine care, as some do not have sufficient internet bandwidth for video visits.

Moreover, circumstances have forced physicians to use telemedicine in ways they usually might not. Telemedicine is ideally an adjunct to in-person care, and therefore not the best option for a first visit with a new patient, but during peak infection risk, exceptions had to be made.

Among our infrequent telemedicine claims pre-COVID-19, misdiagnosis of cancer was the top allegation, and I can't imagine that risk of misdiagnosis has decreased, given the spike in telemedicine usage under nonoptimal conditions.

Also, I anticipate that some COVID-19-related cases will focus on shortages of personal protective equipment (PPE)—those claims may come from patients or employees.

Q) As you've said, providers are delivering care differently during COVID-19. How do these changes diminish or increase risks?

A) In the crush of managing a public health crisis, many hospitals and practices have had to take temporary measures that impact patient safety: Some of these measures mitigate certain risks but may amplify others.

Healthcare providers in hard-hit areas are working longer hours, sometimes with insufficient PPE, sometimes in large tents put up in parking lots or other overflow sites. In surge locations, staff from other departments may be covering in the emergency department (ED) or intensive care unit (ICU)—this could increase the risk of communication gaps. All of these resource-stretching measures, taken together, may add up to a risk profile that is more than the sum of their parts.

While responding to health directives from state and local governments, as well as advisories from the Centers for Disease Control and Prevention (CDC) and other trusted sources, hospitals and practices will continue to experience unavoidable delays in treatment to all patients. Testing delays do not help.

In addition, by patient preference, many routine checkups and tests have been delayed, not to mention routine procedures. Adverse events linked to these delays could affect physician liability.

Q) What can physicians and practices do to protect themselves during the pandemic?

A) Conscientious documentation becomes a witness for the physician in the courtroom. In the COVID-19 era, practices may benefit from documenting not only individual patient interactions, but how the practice is following CDC infection control guidelines and recommendations from state and local health authorities at particular points in time. This could be as simple as jotting a daily note in an electronic calendar.

Q) How are courtroom changes during the pandemic challenging defense teams?

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A) In a recent medical malpractice suit, a physician member of The Doctors Company, with assistance of counsel and The Doctors Company's support, secured a defense verdict despite many changes in the courtroom environment that could have posed problems if we had not been prepared to adjust.

We've seen firsthand how physicians facing a court hearing during COVID-19 need a legal team that is prepared for changes in depositions, jury selection, and the trial itself. For instance, depositions may be completed by video, with multiple screens for the attorneys, parties and exhibits, and jury selection may take place partly via written communication. During trial, showing evidence must be done differently, so defense teams need solid technology skills in settings where counsel can publish exhibits to the jury using large screens.

Some courts are taking 15-minute breaks every hour for better ventilation and cleaning. This breaks the momentum when an attorney is speaking with a witness, reduces the overall trial time per day, and prolongs the trial duration. Taking time out of a practice to participate in an extended trial can further stress a stretched practice.

Q) Litigation stress places a burden on physicians at any time. How is this different during the pandemic?

A) Individual trials are taking longer, compounding delays from the existing backlog. This keeps physicians in limbo—and could even affect their credentialing. As previously reported by RAND, pre-pandemic, on average, physicians were already spending more than 10 percent of their careers living under the shadow of an open malpractice claim.

It is true that at any time, even the best of physicians could find themselves facing an unexpected lawsuit. And states around the country handle cases differently. That's why our members are supported by legal teams with deep roots and expertise in members' local venues. In addition, knowing that the stress of malpractice litigation affects physicians deeply, and knowing that preparation is the key to victory, we support our members through in-depth litigation preparation.

Like the COVID-19 pandemic itself, pandemic-related risk exposures are fluid. Physicians, practices, hospitals, and systems are facing rapid changes in liability exposures at the same time as the day-to-day business of healthcare is changing

under their feet. The Doctors Company is prepared to assist our members through lawsuits during these unprecedented times so that, even with changes in the courtroom, members can present their best defense.

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 considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



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Foundation of CCMS “Docs & Duffers” Golf Tournament and Virtual Auction Raise Over \$16,000

Foundation of Collier County Medical Society

The Foundation of Collier County Medical Society recently hosted its 7th Annual “Docs and Duffers” charity golf tournament at Tiburón Golf Club. This signature fundraising event took place September 26th and raised over \$15,000 in net proceeds with participation from 87 golfers, 18 sponsors, and 14 volunteers. The Foundation also offered a virtual charity auction in conjunction with the tournament. The auction has raised over \$1600 to date.

“We extend our deep gratitude for the continued support we receive for our annual charity golf tournament, particularly during this pandemic” says Dr. Rolando Rivera, Foundation board chair. “The participation of our golfers, supporters, and volunteers raises crucial funds for future medical professionals and healthcare programs in Collier County.”

Dollars raised from the event will provide scholarships for future medical professionals and funding for local healthcare programs in need. The Foundation provided \$22,000 in scholarships in 2020, including the Dr. William Lascheid Memorial Scholarship for Medical Students and 3 additional healthcare scholarships. Scholarship applications for 2021 will be available at ccmsonline.org/foundation in December 2020.

The golf tournament was facing postponement as many local private golf clubs have not begun to admit guests. At nearly the last minute, Tiburón Golf Club was able to help the Foundation relocate the tournament and follow COVID-19 safety precautions, such as drive-up check-in, mask-wearing, physical distancing, individual golf carts upon request, and a to-go lunch to avoid large group gatherings.

After a quick breakfast sandwich and coffee was the tournament’s morning tee-off. Golfers then enjoyed Tiburón’s Gold course, and took advantage of goodie bags pre-loaded onto their carts (sponsored by Radiology Regional), complimentary on-course beverages (sponsored by Biocept, Inc.), exhibitor treats, and a variety of hole contests throughout the day. Congratulations to the tournament winners:

- First foursome – Life in Naples team PJ Insana, Todd Eacker, Tyler Stammered, Ron Stammered
- Second foursome – Neuroscience and Spine Associates team Dr. Desmond Hussey, Matt Mathias, Gus Vickers, Dr. Michael Vickers
- Long Drive – Jeff Darwish / Kelly Malinoski
- Closest to the Pin – Rocky Patel / Marci Charland

Golf prizes included foursomes donated by local golf clubs and gift cards purchased by the Foundation at local restaurants who were previous donors, to help support those businesses during the pandemic. View tournament photos and the awards announcement video at facebook.com/ccmsfoundation.

The Foundation board had determined that hosting its annual golf raffle this year would not be feasible due to the pandemic and opted to host a virtual charity auction in its place. The auction was live from Friday, September 25 through Monday, September 29 and 38 winning bids were received. Many of the items offered were secured by YourCharityAuction.com, and the Foundation is grateful to local prize donors Dr. Brandon Kirsch and Cason Photography.

The Foundation’s 8th Annual Docs & Duffers golf tournament and raffle will be held in the fall of 2021. More information will be available next year at ccmsonline.org/foundation.

Spotlight on our Docs & Duffers Sponsors:

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from Family Foot & Leg Center



Advanced Urology Institute Team: Marci Charland,
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Tate Haire, Dr. Glenn Groat



Dr. Brandon Kirsch, Dr. Abby Miknaitis, Dr. Christopher Newcomb,
Dr. Alan Goldman



Neuroscience & Spine Associates Team: Dr. Michael Vickers, Gus Vickers, Dr. Desmond Hussey, Matt Mathias



Neighborhood Health Clinic team:
John T Cardillo, Ryan Lascheid,
Keith Maples, John P Cardillo

What You Need to Know About THC

Created in partnership with Trulieve and MMJ Knowledge

[Editors' note: This article represents the views of the authors. Physicians must weigh the risk and benefits of THC use for their patients.] Authors' disclaimer: This information is not intended as medical advice, it is for educational purposes only. As always with medical conditions and symptoms, please consult with your doctor for personalized medical advice. The statements made regarding these products have not been evaluated by the Food and Drug Administration. The efficacy of these products has not been confirmed by FDA-approved research. These products are not intended to diagnose, treat, cure, or prevent any disease.

Delta-9-tetrahydrocannabinol (THC) is the most researched and famous cannabinoid known today. Discovered in 1964 by Dr. Raphael Mechoulam, THC is considered the cause of the euphoria sensation that many describe as



being “high.” Despite the negative stigma associated with THC, research indicates that this mind-altering phytocannabinoid can offer therapeutic benefits for many related conditions and symptoms.

As cannabis stigma declines, more researchers are focusing on this chemical compound. But what exactly is THC, and why are we far from understanding its full potential? Here's everything you need to know about THC and its importance in medicinal applications.

What is THC?

The cannabis plant produces more than four hundred chemical compounds; more than a hundred are known today as cannabinoids. Specifically, those derived from cannabis are known as phytocannabinoids.

The phytocannabinoid Tetrahydrocannabinol (THC) is responsible for the psychoactive or intoxicating effect of cannabis consumption. Despite negative stigma associated with its psychoactive effects, THC exhibits a wide range of unique and robust therapeutic properties. To understand how THC's psychoactivity works, we must first know how we find it in the cannabis plant.

Cannabis plants contain tetrahydrocannabinolic acid (THCA), or the non-active version of THC. When cannabis dries out or is consumed orally, it gets decarboxylated, causing the acid molecule to drop off and convert to THC, the active form. Heating, either through vaporization or smoking, accelerates this conversion.

The Endocannabinoid System (ECS) and THC

We could compare the ECS and THC relationship to a locks system. Some keys will only work with specific locks, and others can fit in multiple ones like universal keys. The human body

produces its own keys referred to as “endogenous cannabinoids,” for those locks. This means that THC interacts with the endocannabinoid system by mimicking the “endogenous cannabinoids,” as our bodies naturally produce and bind directly to CB1 and CB2 receptors.

THC structure is similar to anandamide, its endogenous equivalent, however THC has a much stronger effect in the body. THC affects (or “modulates”) the chemical messages (neurotransmitters) produced in the brain and nervous system. Neurotransmitters influence pleasure, memory, thinking, concentration, and sensory, pain and time perception, among others.

The Benefits and Effects of THC

The phytocannabinoid THC is crucial for more than just recreational purposes and can be critical for medicinal cannabis treatments' effectiveness.

Appetite Stimulant: It is not uncommon for people to joke about THC induces “munchies.” However, what some consider a side effect, can be a game-changer for patients suffering from cancer, HIV/AIDS, and other terminal illnesses. Stimulating appetite with THC consumption can be vital in fighting disease-related wasting.

As mentioned earlier, THC can be used for more than recreational reasons. Recent studies suggest THC can be used as a muscle relaxant, a neuroprotectant, a bronchodilator, an anti-spasmodic, and an antioxidant.

Anti-inflammatory: As explained by Dr. Ethan Russo in 2011, THC has twenty times more anti-inflammatory properties than aspirin and twice that of hydrocortisone.

Cancer: THC has been proven to reduce levels of vascular endothelial growth factor (VEGF) in glioma (brain cancer) cells (Blázquez, et al. 2004). It is also believed to prevent carcinogens present in cannabis smoke from being activated in the body, whereas nicotine activates carcinogenic processes. (Roth, et al. 2001)

Laboratory derived THC medications (along with illicit cannabis use) have been utilized by cancer patients for decades due to THC's extraordinary ability to quell nausea and prevent vomiting, both of which are commonly reported side effects of traditional cancer treatments.

Neuroprotectant: THC has been shown to induce the extinction of fearful memories in humans. This can be an incredible application in treating PTSD where “flashbacks” of traumatic memories intrude into a person's life and cause disruptions in daily functioning.

Pain Management: THC can reduce muscle spasms. When used mindfully, it can be one of the safest, most potent pain relievers

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available. Studies with THC have shown positive results in acute pain and effectiveness against chemical, mechanical, and thermal pain stimulation. It can also help patients with multiple sclerosis with muscle spasticity. Many studies in multiple states have now shown that when medical cannabis is available, dangerous opioid use and deaths from opioid overdose decrease.

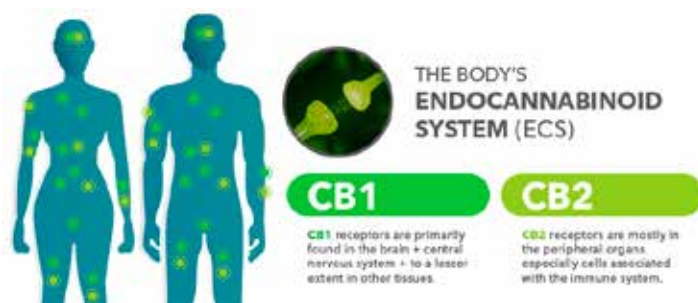
Other Benefits and effects of Cannabis

THC's controversial side effects of psychoactivity, the ability to shift perception, and cause "euphoria", can be a welcomed side effect in dealing with chronic and debilitating diseases day in and day out.

All these therapeutic properties can be incredibly beneficial for chronic medical conditions. They can increase the quality of life for individuals diagnosed with terminal illnesses, a common goal of hospice and palliative care.

Medical cannabis patients have reported that they can reduce or eliminate more dangerous prescription drugs after a cannabis protocol regimen has been initiated. Eliminating the need for opioids and benzodiazepines, both of which include a laundry list of unpleasant side effects, can translate directly into lives saved.

When CBD and THC are used together, CBD can "tame down" and reduce THC's psychoactive effects, so patients can



experience all the benefits cannabis offers without necessarily experiencing as much of the associated "high."

As mentioned above, cannabis plants contain other compounds, some of which are known as "terpenes." In fact, the classic aroma of cannabis comes from terpenes. Terpenes have been shown to have their own advantageous medical effects. Terpenes may also strengthen the therapeutic effect, and lessen the psychoactive effect, of THC. Together, the combination of THC, CBD, and terpenes is called "the entourage effect."

Trulieve is one of 22 medical marijuana dispensaries licensed and approved in Florida to sell cannabis-based products to authorized patients.

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Real Estate: The Second-Highest Expense in Your Practice

Jared Vandersluis, CARR



When it comes to managing expenses in your practice, there are dozens of categories to evaluate: equipment, technology, loan costs and interest rates, sundries, marketing, and on and on they go.

The highest expense for most practices is payroll, followed by real estate. Real estate encompasses your monthly rent or mortgage payments,

along with the property's operating expenses, maintenance fees, utilities, and janitorial costs.

If you consider these top two expenses, payroll and real estate, only one of them is really negotiable. With payroll, you can either pay people their value or they usually find another job that will. You may decide that you can cut staff, but if you need people you need to pay them what they deserve or they will eventually leave.

Real estate however, is 100% negotiable. You have the choice of leasing or owning, as well as being in an office building, retail center, a stand-alone building, or large medical complex with many other providers. You can choose the size of your space, the design, and the landlord you want to work with—or to be your own landlord. And if you do own, you get to decide whether to buy an existing building, an office condo, or to develop your own building from the ground-up.

With this many choices to evaluate and understanding that each one affects the final economic outcome, why is it that so many practices fail to capitalize on their real estate opportunities? The short answer is that most practice owners and administrators simply don't have the knowledge and expertise in commercial real estate to understand how to make the most of these opportunities. They view real estate as a necessary evil instead of an incredible opportunity to improve profitability, reduce expenses and improve the quality of their patients' experience. When the correct approach is taken, you may actually look forward to it instead of dreading your real estate negotiation.

1. Timing

Every type of transaction has an ideal timeframe to start the process. When starting too early or too late, you communicate to the landlord or seller that you don't really know what you're doing. When that message is communicated, it hurts your ability to receive the best possible terms. For example, don't wait for your landlord to approach you on a lease renewal negotiation. Start by consulting with a professional so you can understand the ideal timeframe to start your transaction, come up with a

specific game plan for what you want to achieve, and then you be the one to approach your landlord with renewal terms.

2. Representation

Landlords and sellers prey on unrepresented tenants who don't really know the market or what their options are. If the tenant was a Fortune 500 company, the landlord would approach them with a high level of respect, expecting that they either have a real estate broker hired to represent them or have a team of professionals internally that are well equipped to handle the transaction.

In contrast, when a landlord or seller starts speaking with a tenant who isn't represented, and who they don't believe knows the market as well as they do, that tenant is not going to get the same level of respect through the process. This is because the landlord senses an opportunity to take advantage of a small tenant who is not an expert, doesn't have a full complement of real estate knowledge and skills, and who doesn't have adequate representation.

When you understand that commissions are paid in commercial real estate just like they are in residential real estate—they are set aside in advance for two parties, not just one—then you understand there aren't any savings by not having a broker. And if there aren't any savings by not having a broker, then showing up without one only further detracts from your credibility.

3. Leverage and Posture

It is nearly impossible to emerge victorious from a negotiation without leverage and posture which are created by having multiple options in the market. If you limit yourself to one property, you are at the mercy of that owner. Since most landlords and sellers negotiate professionally, it is easy for them to know when you don't have other viable options.

Simply telling a landlord that you have a proposal from another landlord won't give you a strong enough posture. Most landlords look at unrepresented tenants and assume they do not know the market, do not understand all their options, and are not really serious about making the landlord compete for their business. Leverage and posture are created when you have the right timing, professional representation, an understanding of all your available options, and a detailed game plan of what you want to accomplish in order to capitalize on the market.

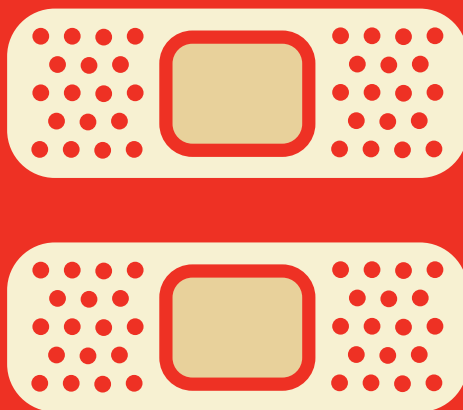
These three key ideas are the first of many factors that allow healthcare tenants and buyers to reduce their second highest expense which dramatically impacts profitability and cash flow.

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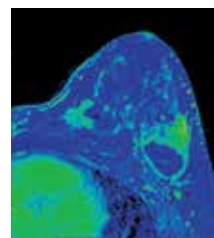
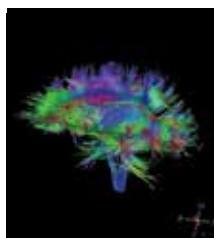
THE FORUM

Rebekah Bernard, M.D., President
George Brinnig, M.D., Associate Editor
88 12th St N, Unit 200
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
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