



THE FORUM

November/December 2014 • Volume 13, No. 6 • The Official Magazine of Collier County Medical Society

CCMS Member Spotlight On a Mission: Members Help Tribes Survive & Thrive

Dr. Betsy Brothers



Dr. Holly Miller



Dr. Jay Roberts



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CCMS Health Plan Enrollment Underway

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Bipolar, or Just Ticked Off?

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Keep Scope of Practice Limited

MEMBER NEWS

CALENDAR OF EVENTS

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

Friday, November 14, 6:30pm

CCMS New Members Welcome Reception

Wyndemere Country Club

Support provided by: Florida Community Bank, Leading Edge
Benefit Advisors, Markham Norton Mosteller Wright & Co.,
McKenney Home Care

Thursday, November 20, 5:30pm

GI Symposium

Kensington Country Club

Save the Dates

Contact CCMS for sponsor/exhibit opportunities

Saturday, March 7, 2015

CCMS Women's Health Forum

Telford Education Center

Saturday, May 9, 2015

CCMS Annual Meeting & Installation of Officers

Naples Beach Hotel & Golf Club

Saturday, Sept. 26, 2015

Foundation of CCMS Golf Tournament

Bonita Bay Club Naples

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Coventry Square
870 111th Avenue, Ste 9/10
Naples, FL 34108
Phone: (239) 624-8200 Fax: (239) 624-8131

Yaritza Perez-Soto, M.D.

Gulf View General Surgery
11181 Health Park Blvd, Ste 3050
Naples, Florida 34110
Phone: (239) 260-1115 Fax: (239) 260-1089

New Office Location:

John Canterbury, MD

South Florida Internal Medicine and Primary Care
680 2nd Avenue N, Ste 203 Bldg D100
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Phone: (239) 330-1382 Fax: (305) 570-4385

New Satellite Office:

Mark A. Liberman, M.D.

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Member Survey:

CCMS Members, to help us better serve you and your patients, be sure to complete the 2014 CCMS Membership Survey, available at <http://conta.cc/1BVzpXM>, or request a print copy from CCMS, call 435-7727. Thank you for your assistance.

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A Message from the President

Mitchell Zeitler, M.D., President, Collier County Medical Society



By the time you read this, 2014's election will be over but the controversies that embroil us will continue.

Prior to November 4th the CCMS board of directors was able to meet with our local representatives, Rep. Kathleen Passidomo and Rep. Matt Hudson. Both were happy to meet with us and discuss the "hot item" issues, mainly patient safety in the form of scope of practice, access to care, and medical marijuana (Amendment 2).

We all agreed that Amendment 2 was poorly written and hopefully will be defeated. If not then it will fall upon the state legislature and its committees to regulate the how and where as well as keeping a close watch on physicians who write certificates to their patients for procurement from dispensaries. CCMS, along with the FMA, will monitor this process to the best of our abilities.

Scope of practice is where a chasm exists that hopefully we can close. Both Representatives voted for last year's failed attempt to allow for independent practice of non-physicians. For those in our medical community who do not fully understand the issues, I encourage you to read CCMS board member Dr. Paul Dorio's blog post, reprinted in this issue. I will also briefly outline the recent actions and organizations promoting independent practice for non-physicians. I give full credit to the October issue of the American Society of Anesthesiology Newsletter from where this list was taken (Oct 2014, Vol 78, no 10, pages 6-8):

- 1: The ACA [Affordable Care Act] includes a provider non-discrimination clause that makes discrimination based upon level of education illegal. It also provides 50 million in funds to expand nurse-managed health centers.
- 2: The Institute of Medicine (IOM) recommends that "nurses should practice to the full extent of their education and training."
- 3: The Robert Wood Johnson Foundation recommends removal of scope of practice barriers in their support for the future of nursing.
- 4: The Federal Trade Commission (FTC), encouraged by the IOM, threatening state medical boards that work to limit nursing scope of practice.
- 5: The Veterans Administration's Nursing Handbook mandating APRN independent practice.
- 6: The National Governor's Association Center for Best Practices advises states "to consider changing scope of practice restrictions and assuring adequate reimbursement for their services" to encourage NP incentives in the provision of primary health care.
- 7: Actual and threatened reductions in federal funds for GME.
- 8: The APRN Consensus Model—a campaign and plan to standardize APRN scope of practice legislation and regulation with the goal of independent practice and full prescription authority for four categories: Clinical Nurse Specialist, Certified Nurse Practitioner, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist. The alignment of licensure, accreditation, certification, and education (LACE) in all states in order to "practice to the full extent of their education and training."

In our meetings with the Representatives, we were determined and I believe made some headway in making our points: the differences in admission standards and depth of training and fund of knowledge, the higher standards in certification and required re-certifications, are all watered down when legislation rather than an educational system allows for independent and expanded scope of practice.

Equally puzzling is that there is no evidence supporting the APRNs will fill in the gaps at underserved areas when this argument is put forth for expanding scope. It is more likely that practitioners will put up their shingles in populated areas where there is no shortage of access to health care. To complicate the situation more, other practitioners such as Physician Assistants, who by their very nomenclature are to be supervised by physicians, are beginning to feel the need to expand their scope too in order to be competitive with the APRNs.

The election is over but the issues remain. Become vocal to your state representatives, support your specialty and state societies if you want to have some participation in the outcome. It is our role as physician leaders to help ensure patient safety. What do you have to lose?

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CCMS Member Spotlight

On a Mission: Members Help Tribes Survive & Thrive

Mollie Page, contributor

“We called her Fiona. I’ll never forget that thin, little 4-year-old girl living in Uganda and dressed in a tattered, blue princess dress,” said Naples OB/Gyn Dr. Betsy Brothers with SW Florida Women’s Group.

“She had walked alone—for miles—and barefoot through the Ugandan bush with a serious foot wound.”

Fiona was one of 200 children treated each day in a makeshift tent clinic erected about 20 minutes outside of Entebbe, a major city in Central Uganda. A stick was impaled through her foot, but there are no emergency rooms in Uganda. The temporary clinic run by American doctors was her only option.

Working with Children’s HopeChest, an international relief organization, Dr. Brothers and a 14-member team gave life-saving medical care to approximately 3,000 rural Ugandan citizens during a 10-day medical mission trip in the summer of 2013. The trip was funded in part by \$30,000 in contributions made by members of the Collier County Medical Society.

“In areas with high numbers of people infected with HIV there often is also a large prevalence of cervical dysplasia in women,” said Dr. Brothers.



Dr. Holly Miller and Kenyan villagers

With the help of two local midwives, a translator, her husband and teenage daughter, Dr. Brothers screened over 400 women for cervical dysplasia. She used a vinegar solution to identify abnormal cells; and then, for those who tested positive, froze the irregular cells with dry ice delivered daily by motorcycle couriers.

It was never determined how long Fiona suffered with a stick protruding through her foot, but one of Dr. Brothers’ colleagues was able to successfully remove it and treat the wound. She never cried and left the clinic with no one to comfort or escort her home.

The money from CCMS member donations helped the team purchase vaccinations, antibiotics and mosquito nets. They hung donated surgical drapes for patient privacy and had access to only limited medical equipment they could physically carry.



Dr. Betsy Brothers, 2nd from left

“It was life changing,” said Dr. Brothers. “I’d like to do another trip in 2015 with help from our local Rotary; but we will probably still need donations from our friends in the healthcare field.”

With a 24-hour cycle of media coverage fervently fixated on the better candidate or military activity to eradicate terrorism, community-funded international medical missions often go unnoticed. In fact, when the media first reported incidents of Ebola in Africa this past March, the official death toll was 53. By October, the World Health Organization reported over 6,500 probable cases and 3,500 deaths. But the story fails to profile the brave medical professionals who risk their lives to treat those infected.

When Dr. Holly Miller landed in Africa with her family this past summer, her mission was to visit and inspect a clean water well project started by a pastor friend from Kentucky and his liaison Michael, a native Samburu warrior living in Maralal, a small town in the heart of Kenya.

“Access to clean water is one of the most important elements in global health promotion,” said Dr. Miller, a gynecologist at A Woman’s Place in Naples. “One active well can provide over 3,000 villagers with enough water to not only drink and bathe, but also to hydrate crops and livestock.”

New Hope Water Project built 12 solar-powered wells in Kenya over the last 15 years. These wells enabled villagers to build greenhouses where they grow vegetables like tomatoes, corn and avocado.

“For generations, their diets consisted mainly of goat milk and meat. With the wells, the villagers are now able to expand their diets, bringing in foods that provide vital nutrition. Last

CCMS Member Spotlight *(continued)*



Dr. Holly Miller and patient

year, one village made over \$1,000 selling excess vegetables to other tribes,” added Dr. Miller.

While in Kenya, Dr. Miller spent a day at a local clinic where she assisted in providing tetanus vaccines and performing prenatal checkups.

“The reality is that the doctors in Maralal are reading the same journals we do so they are just as aware of new technologies

and innovations in treatment. But the other reality is that they are also working with incredibly limited resources,” remarked Dr. Miller. “For example, the hospital I visited had just received two new neonatal incubators, but the nurses were feeding breast milk to the babies with a spoon.”

Lack of specialty specific equipment was also an issue when Dr. Jay Roberts arrived for the first time at Rosebud Indian Reservation in South Dakota.

“On my first visit, I only had access to a standard orthopedic drill,” said Dr. Roberts, a local otolaryngologist who also volunteers through PLAN and Neighborhood Health Clinic. “When I returned a second time, I was able to bring some equipment for more invasive ear surgeries.”

Of the 21,000 Native Americans living on the reservation, Dr. Roberts performed up to four surgeries a day during his seven-day visit. Most were nasal reconstructions or surgery to restore hearing loss from diseases such as chronic otitis media. But one surgery will always stand out for him.

“There was an 80-year-old female elder that presented one day with otosclerosis, a condition wherein the stirrup bone fuses into a position that causes eventual hearing loss. She reported that the problem started after the birth of her first child, 50 years ago. I performed a 20-minute stapedectomy in each ear and her reaction after the first one still gives me chills. I’d never seen such a life-changing emotional reaction by one of my patients before, and I doubt I’ll ever witness it again,” said Dr. Roberts.

All three physicians aspire to participate in medical missionary trips in the future, but the details and opportunities have yet to be realized. As mentioned, Dr. Brothers is exploring a

partnership with a local Rotary group. Dr. Miller is staying abreast of the well project’s progress through friends at New Hope Water Project, and Dr. Roberts is looking forward to more mission opportunities when he eventually retires.

Medical mission trips sound romantic and adventurous, but they can also be expensive and exhausting. All three doctors worked without breaks for up to 10 or more hours each day. For Drs. Brothers and Miller, there was limited electricity and no air conditioning where they saw patients. Dr. Brothers’ rural clinic had no running water either. And Dr. Roberts had to share accommodations with several other traveling physicians he had never met before.

But you don’t have to travel to a foreign country to help patients in need of medical care. Local not-for-profit organizations like Physicians Led Access Network of Collier County (PLAN), Neighborhood Health Clinic and Friendship Health Clinic are always looking for physician volunteers.

The need for international medical aid will likely never disappear. Yet aside from obvious destinations in third-world countries, heightened critical medical care will be necessary anywhere there is a severe natural disaster, like a hurricane. As such, and in the least, local physicians are encouraged to register and be on call through the county’s Medical Reserve Corps.

To obtain a list of local opportunities to volunteer your services, visit ccmsonline.org/resources or contact the Medical Society at (239) 435-7727.



Dr. Roberts & wife Cindy at CCMS 2014 Annual Meeting



Temporary Tent Clinic, Uganda

Health Plan Update: Uniting Private Physician Practices for the Common Good

Enrollment is underway for Collier County Medical Society's new health insurance program, bringing members together to unite and create a single, large, fully-insured program under Florida Blue. This Multiple Employer Welfare Arrangement (MEWA) was founded in Marion County over 30 years ago, and has been used by eight other Florida medical societies to create similar, successful plans for their members. Results have been impressive, a trend expected to improve given the anticipated impacts of Health Reform.

The program officially opened for enrollment in Collier County on October 1st, and the first effective date for the early enrollees was November 1st.

The Benefits of Coming Together

By bringing practices together as a single large group, everyone benefits from large employer economies and flexibility. The platform offers four medical plan designs for physician practice owners, and seven employee plan options. All medical plans are on the Blue Options PPO platform and offer deductibles ranging from \$500 to \$2,500. Practices have the option of offering all eleven plan designs, or narrowing it down to two or three plans. For a list of the available plans, visit www.trustcolliercms.com

The program offers numerous cost-saving measures to better control long-term cost, including minimum participation requirements, age-banded rating and pharmacy benefits that help participants better understand prescription cost.

By joining together and creating a single large group, smaller practices avoid the pitfalls of Health Reform (ACA), including modified community rating, which will extend to employers up to 100 lives by 2016.

Larger practices have the opportunity to become even larger. The more participants in a health insurance plan, the more predictable the claims and therefore the less volatile the premiums. Large claims have less overall impact as well. The plan is also very efficient in helping larger employers meet the health reform requirements. Numerous large practices participate in the MEWA today.

Although fully insured, the program includes a large group premium sharing arrangement called ProShare that mandates that a portion of the premium is returned to the society plan in good years. These funds are held in trust, and can be used to further stabilize costs if a rate increase is experienced by the group. Over the past 20 years, these programs have trended at 3.5%, compared to the 8%+ that is experienced on the typical small group insurance renewal. As of today, there is close to \$3 million dollars held in trust for the other eight medical society plans around the state.

Limited Time Enrollment

In order to participate in the program, practices must be majority owned by private practice physician(s). In addition, all of the physician partner/owners must be members of CCMS, the Florida Medical Association and must become an affiliate member of the Marion County Medical Society for a nominal fee of \$25.

Initial enrollment in the program is only open from now until February 1, 2015 at which point it will close and existing practices who are interested in getting in after that date will only be eligible for a generic-only prescription plan for 12 months before getting access to the full menu of available plans. Interested parties should immediately contact Leading Edge Benefit Advisors, LLC at (239) 433-4471 or info@leadingedgeonline.com to request a proposal.

CCMS Health Plan At-a-Glance

Initial enrollment window open
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Foundation of CCMS Announces Lascheid Memorial Scholarship

Rolando Rivera, M.D., Foundation Chair

On behalf of the board of directors of The Foundation of Collier County Medical Society, the charitable 501c3 arm of CCMS, I am pleased to announce our new scholarship available to medical students, "The Foundation of Collier County Medical Society Dr. William Lascheid Memorial Scholarship." The scholarship will be awarded to students studying medicine who have demonstrated service to underserved populations.

The scholarship honors CCMS Past President Dr. Lascheid's many contributions to the medical community, and his tireless efforts to provide care to the underserved through the Neighborhood Health Clinic. The Foundation Board is grateful to the Lascheid family for their support of this new scholarship and for their years of service in Collier County.

We were also pleased to provide two need-based scholarship awards to local healthcare students this past spring – nursing students at Immokalee Technical Center and Edison State College (now Florida Southwestern) – and we will continue to offer this scholarship program in 2015. Students will be able to download applications for both scholarship options at ccmsfoundation.org. Applications are due March 31st.

The Foundation Board is preparing for a busy year ahead to fund the scholarship programs and the Foundation's mission: to provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs.

I am excited for our next Docs & Duffers Golf Tournament, the Foundation's signature fundraiser. This 2nd annual charity event scheduled for September 26, 2015, at the Bonita Bay Club Naples. BBC Naples features Tom Fazio designed golf courses and a renovated clubhouse, and has been designated as a Certified Signature Sanctuary through the Audubon International's Signature Program. You can sign up for a foursome, become a sponsor, or simply donate to the Foundation at ccmsfoundation.org.

Monies raised will enable FCCMS to continue providing scholarships and funds to local healthcare programs in need. Your participation will have a direct impact on the quality and availability of medical care and education in our community, and you will be helping your neighbors, friends and family by supporting services that benefit all of us.

Thank you to all the golfers, supporters, and volunteers from our 2014 golf tournament, to our attendees at the September Miami Dolphins outing, and to all the generous Foundation donors from 2013-2014 for joining us as advocates for community health and medical education.

In Memoriam – Dr. William Lascheid

CCMS President, 1991



Nancy Lascheid and the family of Dr. William Lascheid wish to express their appreciation for all the many expressions of sympathy and support, particularly from the medical community.

Bill passed away Friday, September 19th 2014. He is survived by his wife, Nancy, his sister Mitzi (Ralph), three sons, Fred (Lynne), Peter (Beth), Chuck (Elizabeth), two daughters, Leslie (Steve), Mary (Tony) and eleven grandchildren and five great grandchildren.

Bill graduated from Franklin and Marshall College and The University of Pittsburgh Medical School. He was a resident in both Family Medicine and Dermatology at Case Western University and The Cleveland Clinic. He served his country in the Navy and Marine Corps for nine years. A decorated veteran, he served as a Battalion Surgeon for Medical Company (MASH Unit) on the front lines during the Korean War.

Bill was an accomplished golfer having played many rounds with Arnold Palmer and locally with his buddy, Dr. Mark Moots. He loved to sing, write limericks, play the ukulele and was a dedicated Steeler Fan. He entertained at the Physicians' Talent show at the Sugden Theatre on several occasions.

Second only to Nancy and his family, Bill loved practicing medicine. He served on the staff of The Naples Community Hospital for over twenty years. He was Chief of the Department of Medicine for two years and was the President of the Collier County Medical Society.

After his retirement in 1999, he had a vision that became his mission. A gifted and compassionate man, he and Nancy had long recognized the limited medical care available to low income workers. Opening in 1999, the Neighborhood Health Clinic was the realization of this vision and has served as the medical home for thousands of uninsured low-income workers. Without the volunteer medical professionals providing quality medical care, the Clinic would have remained only a wonderful concept. Presently, some 250 physicians and dentists and 100 nurses volunteer their very valuable time and talent in the service of the Clinic's patients.

Dr. Lascheid leaves a legacy of love to his family, healing to his thousands of patients, and sets a wonderful benchmark in service to his community. It was Dr. Lascheid's wish that any memorials be directed to the Neighborhood Health Clinic or the William P. Lascheid MD Endowment for the Clinic 121 Goodlette Road, Naples, FL 34102.



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Thank you for supporting our mission: *"Provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs."*

The Foundation of Collier County Medical Society, Inc.

1148 Goodlette Road N., Naples FL 34102 (239) 435-7727 fax (239) 435-7790 www.ccmsfoundation.org info@ccmsonline.org

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EHR Study Report Update

In 2013, the Southwest Florida Physician's Association (SWFPA) and CCMS collaborated to conduct an assessment on the electronic health records (EHR) and practice management systems (PMS) currently used by physicians in our community.

This survey was completed in conjunction with a comparative review of various EHR/PMS software applications based on product capabilities, vendor viability, end-user satisfaction, overall costs, and the vendor's ability to integrate with the NCH Sunshine Connect and/or Physician Regional's Medicity health information exchanges (HIE). The following chart provides an update on the results of that comparison based on data from this fall.

Vendor/Product	Naples Practices	% of Naples Practices	Physicians that have attested to Stage 1	Physicians that have attested to Stage 2 ¹	Stage 1 Certified	Stage 2 Certified ²	6-Star Rating ³	HIE Capability ⁴
Acom Solutions (chiropractic)	1	1.70%	493	0	Yes	NO	4.20	None
Acumen (Nephrologists)	1	1.70%	757	65	Yes	Yes	4.15	None
Advance MD	1	1.70%	388	0	Yes	Yes	3.84	None
Allscripts - MyWay	1	1.70%	-	0	NO	NO	Out of Business	None
Allscripts - Professional	3	5.00%	8,262	0	Yes	Yes	4.52	None
Amazing Charts	4	6.70%	1,946	0	Yes	Yes	4.51	None
Aprima/iMedica	3	5.00%	1,224	2	Yes	Yes	5.26	Both
AthenaHealth	6	10.00%	4,553	509	Yes	Yes	4.96	Medicity
Cerner	3	5.00%	6,902	18	Yes	Yes	4.34	Cerner
e scripts	1	1.70%	63	0	Yes	NO	Not Rated	None
eClinicalWorks	3	5.00%	15,676	108	Yes	Yes	5.61	None
e-MDs	2	3.30%	2,874	1	Yes	Yes	5.56	Both
MDIntellesys (Ophthalmology)	1	1.70%	110	3	Yes	Yes	Not Rated	None
MIE	1	1.70%	250	1	Yes	Yes	5.08	None
Modernizing Medicine (Dermatology)	1	1.70%	529	7	Yes	Yes	4.30	None
NexTech	2	3.30%	9,819	16	Yes	Yes	4.25	None
NextGen	5	8.30%	14,777	0	Yes	Yes	5.79	Both
Physician's Solution	1	1.70%	41	0	Yes	NO	Not Rated	None
Practice Fusion	5	8.30%	5,574	254	Yes	Yes	3.85	None
Prognosis	1	1.70%	421	0	Yes	NO	4.00	None
PTOS	1	1.70%	-	0	NO	NO	Not Rated	None
Quest Care360	2	3.30%	1,421	0	Yes	Yes	4.24	Medicity
SAMMY USA (Podiatry)	2	3.30%	514	0	Yes	NO	4.15	None
Soapware	1	1.70%	701	1	Yes	Yes	4.10	None
SuccessEHS	1	1.70%	413	0	Yes	Yes	5.09	Both
TheraOffice (PT)	1	1.70%	-	0	NO	NO	Not Rated	None
TIMS (PACS)	1	1.70%	-	0	NO	NO	Not Rated	None
Vitera/Sage	4	6.70%	4,135	0	Yes	Yes	5.35	None

Prepared by Mark Anderson, CEO of AC Group, Inc.

¹ Physicians that have attested nation-wide as of August 31, 2014

² Stage 2 Certified as of September 25, 2014

³ 6-Star rating as of September 1, 2014 – Conducted by AC Group, Inc.

⁴ As of October 15, 2013

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The Problem with Self Diagnoses: Bipolar, or Just Ticked Off?

Scott Haltzman, M.D., David Lawrence Center Senior Psychiatrist, Adult Outpatient Services



A client, we will call her Sara for the purposes of this article, had a specific concern when she came into my psychiatric office. She was certain she had identified her diagnosis: “Doctor, I know I’m bipolar...my brothers and mother tell me that’s because I can snap at any second.”

It is not uncommon for people who experience emotional turmoil to question whether they have bipolar disorder; there are great misperceptions about what bipolar disorder is, and what it is not. In general, we know that bipolar disorder is a psychiatric condition where people have rapid shifts in mood – alternating between periods of highs and lows. While that is one of the features of bipolar disorder, making an accurate diagnosis is more complicated.

We all experience changes in our mood. Virtually anyone who feels any emotions at all knows what it’s like to occasionally feel down and alternately feel up. The student who stays up extra hours pushing herself through exam-week, the business man who excitedly overspends his tax rebate, or people, like Sara, who just “snap,” all experience shifts in mood. But, are these examples of being bipolar?

Bipolar Disorder consists of two “poles” of emotion. The “South Pole” is depression, in which the persistent symptoms of feeling low and down continue for two or more weeks. During a depressive episode people may lose appetite, interest, energy, or hope. This depressive syndrome is quite common, affecting, at least for a time, about 25% of American women and 15% of American men. It is not uncommon for difficult life events, such as the loss of a loved one, unemployment, financial problems or divorce to trigger depression.

The “North Pole” consists of mania. In contrast to the high rates of depressive disorders, true manic syndromes are relatively rare. Despite beliefs that manic episodes consists of rage attacks or sudden shifts in mood, mania is more like the opposite of depression—with features of elevated mood and a natural “high.” Almost everyone, occasionally, feels good and has periods of racing thoughts, insomnia, or irritability--this is why it is so easy to read a description of bipolar disorder and believe it applies to you.

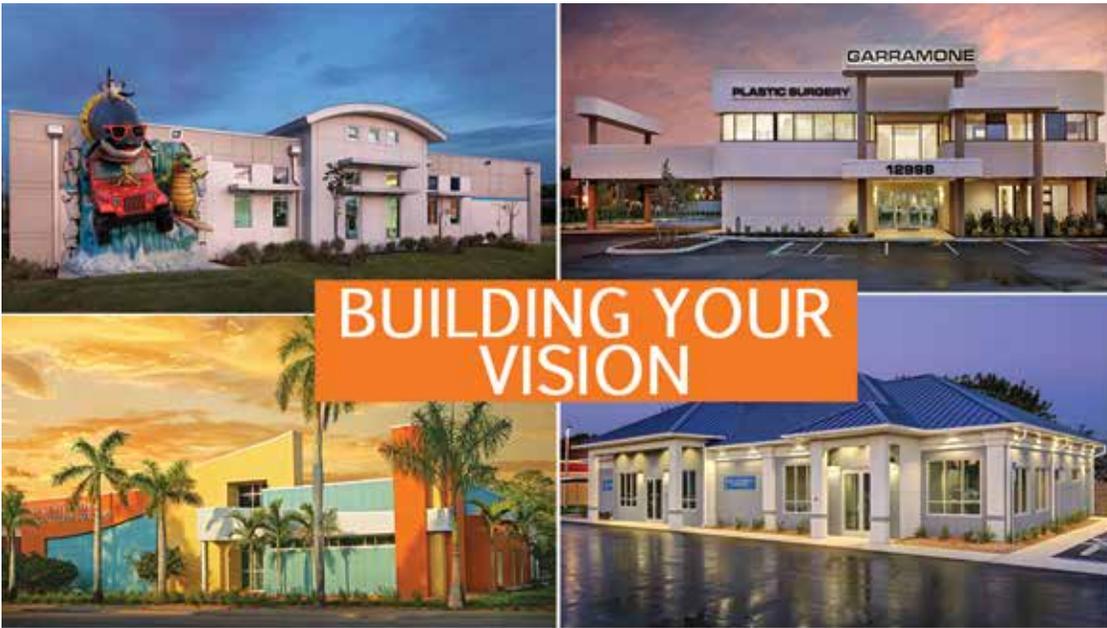
The most important consideration differentiating mania from ordinary changes in mood is that during a manic episode, this feeling of supreme positivity or high energy consistently persists for at least one week. Additionally, a number of behaviors must also co-occur, including high levels of energy, racy feelings, increased levels of productivity and talkativeness. The intensity of this high is similar to being on drugs, often to the point where people begin to lose contact with reality; so strong are their emotions that they often believe they have special powers or abilities. When someone has a manic episode, the behavior is not just a matter of spending money (which everyone does from time to time), but a matter of spending thousands of dollars for useless items, or having grandiose plans to change the world despite not having any expertise or resources to do so. When people become manic, they often believe they are on a special mission from God.

Sara’s story is similar to that of many individuals whom I have treated over the years. Their relationships are tumultuous, their moods are constantly changing, and they often have great difficulties coping with work or marriage. Sara struggles considerably with all of these issues, but after careful analysis, Sara does not have bipolar disorder.

Sometimes the inability to control anger and aggression is based in early life experiences, including childhood neglect or abuse. This can lead to a lifetime of poor ability to regulate emotions. Sometimes inborn personality traits—thrill seeking, for example-- can cause people to be more impulsive throughout their lifetime. Sometimes the source of behavior problems is Attention Deficit–Hyperactivity Disorder (ADHD). While this disorder begins in childhood, adults with ADHD may be hyperactive, over talkative, distracted, and impulsive--symptoms that can easily be confused with mania.

Certain personality disorders, particularly borderline personality disorder, can mimic bipolar’s mood shifts. The difference is that borderline mood changes are quite rapid and often triggered by life stresses; the periods of irritability and aggression do not persist as long as they would in bipolar disorder. The most common bipolar-like psychiatric problem, however, is substance abuse. Intoxication, withdrawal or cravings related to drugs and alcohol often leads to dramatic changes in mental attitude, sleep, and decision-making.

These days, with access to the internet, and one Hollywood star after another allowing us a glimpse into their psychiatric conditions, it’s tempting to join the bandwagon of self-diagnosis. However, careful attention is necessary so the correct diagnosis is made and the right treatment is found. Those are skills of the psychiatric experts in your community, including those at David Lawrence Center. Doctors and nurse practitioners who are trained in diagnostic assessment can identify the correct diagnosis, help individuals understand why their lives feel out of control, and organize optimal treatment plans for healthier and more productive lives.



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Keep Scope of Practice Limited – Patients Depend On Us

Paul J. Dorio, M.D., CCMS Board Member



There has been much discussion and some movement on the issue of expansion of the “scope of practice” of nurse practitioners. While nurse practitioners are important to the healthcare team, simply giving full independence on the level of trained physicians may not result in improved patient care.

Non-physician caretakers, such as nurse practitioners, are a crucial component of our healthcare system. They are hard-working, dedicated, patient-centered individuals who are more than likely the first person a patient encounters. Together, the nurse practitioner and physician care for patients.

The nurse practitioner typically obtains the information and creates a coherent list of a patient’s presenting complaint, history and physical exam findings. Nurse practitioners work collaboratively with physicians for their patients, communicating information and findings, arming the physicians with the necessary information to allow him/her to put together accurate diagnoses. Such collaboration saves time for everyone involved.

The physician considers the gathered information and generates a clinical picture from the various pieces, thereby making a diagnosis. That is not to say that a few nurse practitioners may exceed the clinical expertise of a few physicians. But physicians have a long head start due to their years of training and education. The clinical acumen that physicians acquire cannot be underestimated, nor discounted.

To better understand the levels of training of various caretakers, including physicians and nurse practitioners, see the graphic below. Importantly, the very different types of training and lengths of education make physicians and nurse practitioners well-suited to work collaboratively. The vast importance of the medical school years, coupled with years of residency and standardized, extremely rigorous and challenging medical board exams has to be acknowledged and understood in this context.

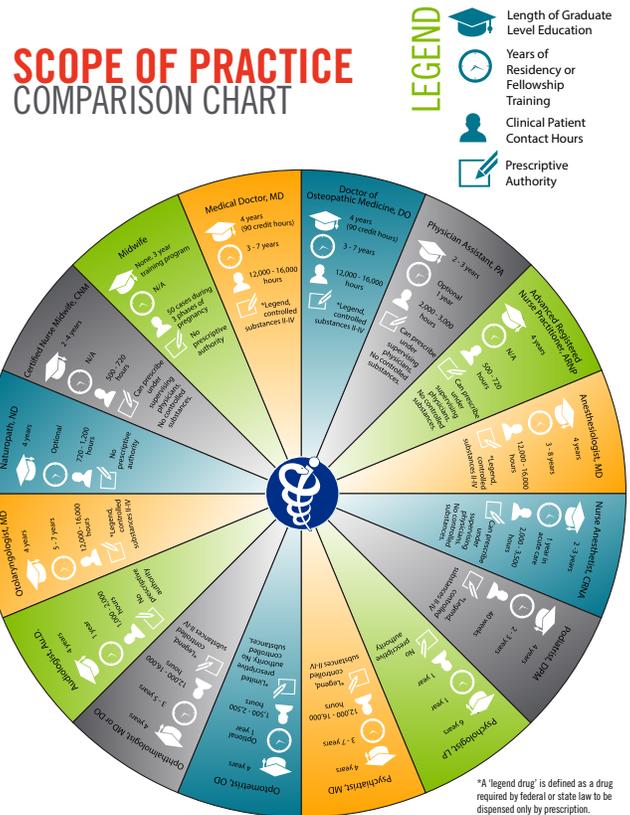
But what is also important to note is that the physician is the person who is primarily responsible, from a legal standpoint, for the patient’s care. Expansion of the scope of practice of nurse practitioners, allowing them to practice independently, must also carry the same liability as physicians currently carry.

The Florida House recently agreed to expand the scope of practice of nurse practitioners in the last legislative session but, fortunately, the Florida Senate did not. This mixed result has many people thinking that it is only a matter of time before the scope of practice expansion bill passes, allowing nurse practitioners to practice independently, without physician oversight and guidance.

Fortunately, there is an alternative plan that deserves much consideration. The Florida Medical Association has published the Five Pillars of Expanded Access (see <http://flmedical.uberflip.com/i/226389/5>), which addresses the shortage of physicians and access to care issues. It calls for increased collaboration between physician assistants, nurse practitioners and physicians. And it aims to regulate and codify telemedicine, an important developing component of health care in the 21st century. It is worth understanding this plan as the preferred alternative to unnecessarily expanding the scope of practice of nurse practitioners.

If you understand this issue as I do, and you live in Florida, please call your Representative and let them know that the solution to the physician shortage is not independently practicing non-physician caretakers. The solution to access to care issues is the Five Pillars plan promoted by the FMA. Please call your state Senator and thank them for not passing the bill and also impress upon them the importance of maintaining a firm stance against the expansion of the scope of practice of nurse practitioners. Ask them to keep the valuable and long-standing cooperative structure in place, allowing nurse practitioners and physicians to continue to work together for the safety and health of all patients.

Patients depend on their caretakers to give them the best care possible. The highest level of expertise must remain clearly spelled out in the laws so that people everywhere can continue to have confidence in the medical profession.



*A "legend drug" is defined as a drug required by federal or state law to be dispensed only by prescription.

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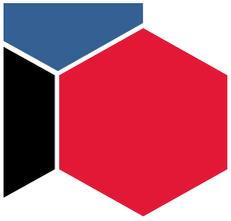
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