



THE FORUM

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2016 Florida State Healthcare Legislation Preview

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CALENDAR OF EVENTS

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

Saturday, January 16, 7:00pm

CCMS Alliance's Denim & Diamonds Party
The Private Home of Winston & Dania Justice

Thursday, February 18, 6:00pm

CCMS Social & Foundation of CCMS Fundraiser

Co-hosted by Germain BMW Naples

\$25 Suggested Donation, includes raffle ticket for 2-night stay at Ritz Carlton Miami with weekend test-drive of 2016 BMW 7 series

Wednesday, March 9, 6:00pm

CCMS Spring General Membership Meeting
Wyndemere Country Club

Saturday, March 19, 8:30am

CCMS 8th Annual Women's Health Forum

Co-hosted by The Greater Naples YMCA

*Open to the public – register at ccmsonline.org
Exhibitor/Sponsor Form at ccmsonline.org*

Thursday, March 31, 5:30pm

CCMS After 5 Social
Co-hosted by TD Bank

April 15-22

CCMS Medical & Cultural Trip to Cuba
From \$2,611/person for Standard Double room plus airfare

Saturday, May 14, 6:30pm

CCMS Annual Meeting & Installation of Officers
Naples Beach Hotel & Golf Club

Contact CCMS for sponsor/exhibit opportunities or visit ccmsonline.org

Saturday, June 11, 8:00am

CCMS Educational Conference
Avow Hospice Ispiri Community Room

Saturday, September 17, 8:00am

Foundation of CCMS Golf Tournament
Bonita Bay Club Naples
*Contact CCMS for sponsor/exhibit opportunities
or visit ccmsfoundation.org*

Thursday, September 29, 6:00pm

CCMS Fall General Membership Meeting
Hilton Naples



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NEW MEMBERS



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Board Certified: Internal Medicine



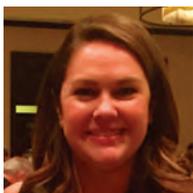
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Retired Member:

Carl N. Baker, M.D.
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MEMBER NEWS

New Location

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Naples Heart Rhythm Specialists, P.A.
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Board Certification

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A Message from the President

Eric Hochman, M.D., President, Collier County Medical Society

Reflections on Board Certifications



The maintenance of certification (MOC) is a program for continued certification in a medical specialty that is managed by the American Board of Medical Specialties (ABMS). The value and cost of this program has been a hot topic over the last few years. The ABMS justifies fees to maintain certification as necessary to support the costs of creating and facilitating MOC activities and exams, as well as to support other board related costs. Alternatives to the ABMS monopoly on certification were discussed at the annual FMA meeting last summer, and the FMA board of governors will discuss board recertification through the National Board of Physicians and Surgeons (NBPAS) at its January meeting.

As most are aware, the entire maintenance of certification process has come under much scrutiny in recent years. Physicians are growing tired and frustrated of the cost and time commitment required to maintain certifications. Many believe that the time and money spent do not make us better or more qualified doctors. In an article published on September 15th in the *Annals of Internal Medicine*, Sandhu and colleagues estimate that internists will incur an average of \$23,607 in MOC costs over 10 years (with 90% of this cost due to time requirements).

I recently wrote a check to the American Board of Pediatrics to ensure my board certification stays current. I am not really sure why these fees were necessary. I am not due to take another pediatric exam for several years, and because I was given credit for my recently completed Internal Medicine and Rheumatology MOC activities, I was not required to complete any new pediatrics MOC activities. The only task I had to complete to maintain my ABP certification was to...write a check.

I do feel that board certifications are important. We all spend years learning and practicing medicine, and there certainly needs to be a way to ensure we remain competent. A periodic exam does seem reasonable. These exams ensure that providers are staying current and reviewing relevant literature on a regular basis. Furthermore, the process of studying for an exam helps update and solidify our knowledge base. I realize that the questions asked on these exams are frequently esoteric and not necessarily related to patient care. However, the process of studying for certification exams does ensure a basic level of competency and knowledge.

In the future, there may be viable alternatives to ABMS certification. The National Board of Physicians and Surgeons (NBPAS) is slowly gaining support. The NBPAS currently has about 2000 members and is now recognized by a few hospitals. The goal of this grassroots effort is to ensure maintaining certification is easy and inexpensive. Requirements for certification include maintaining adequate CME and previous certification by an ABMS member board. Certification costs less than \$100 per year. Proponents suggest that completing the necessary 50 CME credits every 2 years is good enough to remain a competent provider. Is it, though? As noted, the Florida Medical Association board is discussing whether to support the certification alternative, and the topic is on the agenda for the CCMS board of directors meeting in January.

I am not sure where this is headed, but stay tuned because it is going to remain a major topic for consideration in the upcoming years.

Eric Hochman, M.D.
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2016 Florida State Healthcare Legislation Preview

Florida Medical Association Legislative Team

Editors' Note: The 2016 Florida state legislative season is upon us, and we hope you take some time during your busy schedules to review some of the major issues in health care that the Florida Medical Association will be monitoring this year on our behalf. Here are some highlights that can be a helpful tool for CCMS members when you are speaking with your local legislators.



The 2016 Florida Legislative Session will convene on Jan. 12 because of a pilot project that moved the traditional start date from March to January for one year. However, session will still last for 60 days and is scheduled to adjourn on March 11.

With this earlier starting date, there was much more legislative activity in preparation for session during the fall committee weeks. There were six total committee weeks before the end of the year. In addition to these committee weeks, the Legislature was in a redistricting special session from Oct. 19 to Nov. 6 to redraw the state Senate districts.

As you know, health care has become the most dominant legislative issue among the Senate, the House and the Governor's office. Between Medicaid expansion, CON deregulation, telehealth, ambulatory/recovery care centers, ARNP/PA controlled substance prescribing, direct primary care and much more, the FMA's legislative issues will be at the center of the storm.

We will keep you informed of developments in Tallahassee and continue advocating aggressively to help Florida physicians practice medicine. Below is an overview of some of the issues the FMA will focus on during session.

Legislative Priorities

Fail First/Step Therapy Override: This bill would give the physician an override to the insurance company's decision to force a patient to take a certain medication or procedure and "fail first" before getting what the physician feels is in the patient's best interest. We are working with the bill sponsors to include a fix for the OneBeacon project and language that would prevent retroactive denials in this package. (Sen. Don Gaetz and Rep. Shawn Harrison)

OB/GYN Closure Notification: This bill requires hospitals to provide 120 days' notice to physicians with medical staff privileges at their facilities when a decision has been made to close an obstetric department. (Sen. Kelli Stargel and Rep. Colleen Burton)

Needle Exchange Pilot Program: This bill authorizes the

University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, and unused needles and syringes in exchange for used needles and syringes as a means to prevent the transmission of HIV/AIDS and other bloodborne diseases among intravenous drug users. (Sen. Oscar Braynon, SB 242, and Rep. Katie Edwards, HB 81)

Legislation we are monitoring

ARNPs/PAs Controlled Substance Prescribing: We have been working with the Senate sponsor, Sen. Denise Grimsley, to come to a compromise position that would allow some ARNPs and PAs the ability to prescribe some controlled substances only under a physician protocol. We have also worked to include in this proposal continuing education for these ARNPs and PAs, a version of fail first, a provision that prevents retroactive denials, and a requirement for a single form for prior authorization approval. (Sen. Denise Grimsley, SB 210 and Rep. Cary Pigman, M.D.)

Telehealth: We are working with the House and Senate sponsors (Sen. Aaron Bean and Rep. Travis Cummings) to ensure that they mirror the decision by the Board of Medicine that requires any physician who practices telehealth with a patient in this state to have a Florida license. (Sen. Aaron Bean and Rep. Travis Cummings)

Legislation we are working against

ER Balance Billing Ban: This bill would ban out-of-network physicians who are covering in emergency rooms from balance billing patients for the remainder of their charges. This would severely impact ER coverage and unfairly aid the insurance companies in reducing reimbursements to physicians in network. (Rep. Carlos Trujillo, HB 221)

Independent Practice for Nurses: This bill would give ARNPs the ability to set up independent practices in Florida. This would not increase access or decrease the cost of health care. It would only decrease the quality of health care services provided. While we are working on a compromise on ARNPs and PAs prescribing controlled

Continued on Page 7

Continued from Page 6

substances, this is not an issue on which we can reach a compromise. (Rep. Cary Pigman, M.D.)

Limitations in Medical Payments: This bill dictates what evidence is or is not admissible to allow a jury to determine the amount of medical damages in all personal injury and wrongful death actions. The effect of the bill would be to allow wrongdoers to escape accountability for the full amount of medical expenses they cause.

Florida Legislators, Collier County

State Senate District #23

Garrett Richter (REP)

Chair, Ethics and Elections; Vice Chair, Banking and Insurance; Appropriations Subcommittee on Health and Human Services

Local: (239) 417-6205

Tallahassee: (850) 487-5023

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State Senate District #39

Dwight Bullard (DEM)

Vice Chair, Transportation

Local: (305) 234-2208

Tallahassee: (850) 487-5039

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State Representative District #106

Kathleen Passidomo (REP)

Chair, Civil Justice Subcommittee; Vice Chair, Judiciary

Local: (239) 417-6200

Tallahassee: (850) 717-5106

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

State Representative District #80

Matt Hudson (REP)

Chair, Health Care Appropriations Subcommittee; Select Committee on Affordable Healthcare Access

Local: (239) 417-6270

Tallahassee: (850) 717-5080

<http://bit.ly/13qMw6N>

State Representative District #105

Carlos Trujillo (REP)

Chair, Criminal Justice Subcommittee

Local: (239) 434-5094

Tallahassee: (850) 717-5105

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

Senate Leadership Offices & Key Committees

- Sen. Andy Gardiner, Senate President
- Sen. Garrett Richter, President Pro-Tempore
- Sen. Bill Galvano, Majority Leader
- Sen. Denise Grimsley, Deputy Majority Leader
- Sen. Arthenia Joyner, Minority Leader
- Sen. Oscar Braynon, Minority Pro Tempore
- Appropriations Subcommittee on Health and Human Services: Sen. Rene Garcia, Chair
- Rules: Sen. David Simmons, Chair
- Health Policy: Sen. Aaron Bean, Chair

House Leadership Offices & Key Committees

- Rep. Steve Crisafulli, Speaker of the House
- Rep. Matt Hudson, Speaker pro tempore
- Rep. Dana Young, Majority Leader
- Rep. Mark Pafford, Democratic Leader
- Rep. Mia Jones, Democratic Leader pro tempore
- Health Care Appropriations Subcommittee: Rep. Matt Hudson, Chair
- Health & Human Services: Rep. Jason Brodeur, Chair
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What You Should Know About the HIPAA Privacy Rule

Jonathan Krasner, Director of Business Development for HIPAA Secure Now!



Make sure your practice is compliant

Headlines about data breaches draw attention to the Health Insurance Portability and Accountability Act's (HIPAA) Security Rule. However, its companion—the HIPAA Privacy Rule—is just as important. Although the two rules work hand-in-hand, they are based on different concepts. The Security Rule oversees the mechanisms used to protect the privacy of electronic patient health

information (ePHI), while the Privacy Rule focuses on the use and disclosure of that information. It is meant to ensure that PHI is properly protected while still allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

Getting started

The first step in implementing the HIPAA Privacy Rule in any practice is to designate, in writing, a privacy officer—the person responsible for enforcing the Privacy Rule in the office. For many practices, the privacy officer will be the same person as the HIPAA security officer. Perhaps the most common encounter with the Privacy Rule is the Notice of Privacy Practices (NPP) that all patients sign when they are first seen in the practice. Practices should review their NPPs regularly to ensure they are up-to-date; visit this link: hhs.gov/ocr/privacy/hipaa/modelnotices.html to see model NPPs.

Under the Privacy Rule, patients have the right to obtain a copy of their medical records; patients may also request an amendment to the information in that record. Any amendment should be submitted in writing by the patient. The privacy officer can accept or deny the amendment. If the amendment is denied, the reason for the denial should be stated in writing and communicated to the patient. Providers may not withhold access to records simply because a patient is behind in bill payments. Practices, however, may charge reasonable fees for the provision of records to patients.

The designated record set

When a patient requests his or her medical records that does not mean that the practice must release all the information it has on the patient. The information that is released is called the designated record set (DRS). The DRS is a consistent standard of information that can be released and must be carefully defined. For example, the practice may submit information to patient registries. Although that information may be in the patient's file, it may not be in the DRS. Some EHRs may even be programmed to recognize the DRS.

Sharing information

The Privacy Rule governs who can receive a copy of a patient's medical record. A patient has the right to restrict, in writing, who may receive his or her medical records, and how they would like to be contacted. In the following situations, records can be released without authorization:

- Treatment, payment, and operations. Although this is a routine part of practice operations, practices should make reasonable efforts to minimize the use and disclosure of PHI. For example, a biller should only disclose to an insurance company the information necessary to bill for an encounter.
- Conversations with the patient's authorized representative

- Working with a business associate (such as computer technicians and billing services).
- Public health activities (such as reports aimed at preventing or controlling diseases)
- Health oversight activities such as audits
- A subpoena in a judicial or administrative proceeding

The Privacy Rule allows covered entities to share PHI with other individuals on behalf of a patient if it is in the best interest of the patient or the patient would not object. The following examples are instances in which the exercise of professional judgment may permit the sharing of PHI:

- A patient brings a friend, family member, or interpreter to the appointment and into the treatment room.
- A friend or family member will be caring for the patient at home after a procedure.
- A doctor or nurse may discuss an incapacitated patient's condition with a family member over the phone.

Professional judgment should be used in conjunction with experience and common practice to make the proper decision in each situation.

Exceptions

An exception to the Privacy Rule exists with regard to de-identified information. For example, a practice that is participating in a study may disclose PHI as long as the information has been properly de-identified. With regard to pharmaceuticals, the following rules apply:

- Practices may provide refill reminders to the patient and receive reimbursement from the pharmaceutical company equivalent to the cost of the communication.
- Practices can also distribute marketing materials of nominal value, such as brochures, business cards, or pens.

However, practices may not provide patient lists to pharmaceutical companies for drug promotions without the patients' authorization.

Don't forget employees

Improper use of health information by employees is the second most common cause of a HIPAA data breach and may result in significant fines and penalties. Medical records are worth a lot of money on the black market. Dishonest employees can use medical records for direct personal financial gain (illegally obtaining credit, for example) or can sell them to a third party. Both are egregious HIPAA violations.

To discourage this type of fraud and abuse and minimize its impact, the HIPAA privacy/security officer in each practice should regularly check the logs of employee access to the practice management and EHR systems to look for any abnormal patterns. The HIPAA privacy rule comes into play every day. Administration and enforcement of HIPAA privacy is not overly difficult, but practices must take steps to ensure compliance.

Is your practice HIPAA compliant?

The HHS Office for Civil Rights (OCR) has found many physician offices that do not comply with the HIPAA Security Rule. Consequently, OCR is conducting random HIPAA audits to assess not only provider compliance with the Security Rule but also compliance by their business associates. Lack of a proper risk assessment is the leading reason why practices fail Meaningful Use. In addition, the Office of Inspector General has started its own security audit program to determine if organizations attesting for EHR meaningful use are as compliant with HIPAA as they contend. Contact CCMS for more HIPAA resources to ensure your practice is compliant.



R. Valenzuela, MD • F. Lehninger, MD • D. Dutchak, MD • E. Williams, MD • T. Jacob, MD • O. Villaverde, MD
 J. Edwards, ARNP • L. Nervina, ARNP • C. Dove, ARNP • A. Hart, ARNP • A. Simko, ARNP
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Small Vessel Disease of the Heart. Why Such a Big Problem?

James J. Buonavolonta, M.D., F.A.C.C., President of the James J Buonavolonta, M.D., P.A.,
Cardiac Imaging and Cardiac PET Center



Question: A 67-year-old female with hypertension and diabetes comes to your office for a second opinion because she has unusual fatigue and occasionally develops dyspnea on exertion. She describes vague sharp chest discomfort as well. She denies palpitations, pre-syncope, or syncope. She has no family history of premature CAD. She wants to know what her chance of dying from a heart attack is, and if her symptoms are heart related. Her baseline EKG is non-

specific. Previous evaluation included a normal regular exercise stress test, a normal nuclear stress test, and an echocardiogram with no wall motion abnormalities. Due to persistent symptoms, a cardiac catheterization was performed which revealed non-obstructive single vessel disease of 20%. She was told by her physician that her symptoms were not heart related. What is her chance of having a fatal MI over the next 4 years?

Choices:

1. < 1%
2. 1%-5%
3. 5%-7.5%
4. 10%

Answer: If she has small vessel disease of the heart her risk of death from a myocardial infarction is 10% over the next 4 years.

We know that more women die of heart disease than all cancers combined, and while 1 in 31 American women die from breast cancer each year, 1 in 3 dies from heart disease. Since 1984 more women than men have died each year from heart disease. Cardiac symptoms in women may be different. Yes, they can present with chest heaviness and pressure, as well as dyspnea, but they also can present with sharp chest pain and back pain, fatigue, poor energy, flu-like symptoms, and sleep problems.

Noel Bairey Merz, M.D., a cardiologist at Cedars-Sinai Medical Center in Los Angeles, headed up the WISE study in 1996 (Women's Ischemia Syndrome Evaluation). It was sponsored by the National Heart, Lung and Blood Institute (NHLBI). It looked at women with symptoms suggestive of coronary ischemia. Cardiac catheterization revealed that 62% had non-obstructive disease.

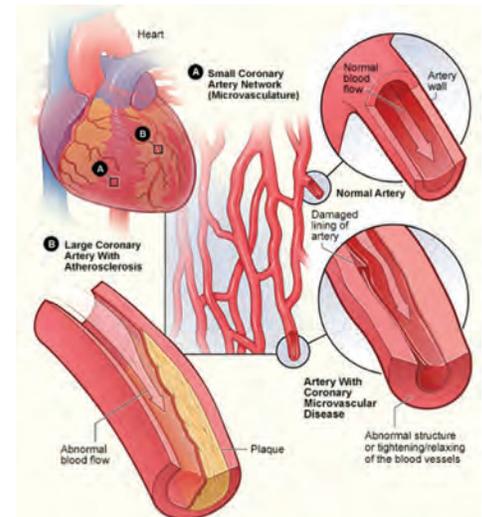
Despite no demonstrable epicardial disease or coronary artery spasm, myocardial blood flow studies were abnormal. Among those judged to have a disorder of small vessel/microvascular disease, the rate of cardiovascular deaths/fatal MI was 10% after 4 years—much higher than would be expected for woman with normal angiograms. Interestingly, symptoms improved if treated with conventional anti-anginal medications such as nitrates, beta blockers, calcium channel blockers and aspirin. Many researchers believe that small vessel disease is caused by a drop in estrogen levels during

menopause combined with tradition risk factors.

According to the Texas Heart Institute, coronary microvascular disease most likely happens when small blood vessels in the myocardium constrict. This reduces blood flow and can create symptoms. The Journal of the American Medical Association reported in 2005 that the prognosis of patients with unstable angina and non-obstructive coronary artery disease is not benign, and includes a 2% risk of death or heart attack at 30 days of follow-up (JAMA 2005; 293 (4): 477-484.

The following illustration shows the difference between epicardial CAD and small vessel disease:

Figure A shows the small coronary artery network (microvasculature), containing a normal artery and an artery with coronary MVD. Figure B shows a large coronary artery with plaque buildup.



The important question that we must ask ourselves is, what

should we do with the patient that was initially presented to us at the beginning of this article? Do we simply tell the patient that their symptoms are not cardiac and hope that they do not have small vessel disease? We must educate all patients on reducing cardiac risk with lifestyle modification including healthy dieting and exercise programs, but do we commit them to lifelong anti-anginal medication without having a diagnosis of small vessel disease of the heart?

The good news is that today we have ways of evaluating myocardial blood flow with technology such as cardiac MRI and cardiac PET with quantitative blood flow analysis. Advanced software programs have been developed that can measure myocardial blood flow in a non-invasive way that can assist clinicians in diagnosing small vessel disease/ microvascular disease of the heart. We can treat patients more appropriately for symptom relief and clinical improvement, and help patients with quality of life issues with this disorder.

References:

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3. JAMA 2005;293(4):477-484
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6. Clin Cardiol. 35(3):141-148
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8. JACC 2009;54:150-156
9. Circulation 2011;124:2215-24

Upcoming Symposium

Cardiovascular Disease Prevention International Symposium (14th Annual) and Miami Cardiac & Vascular Institute Cardiovascular Summit (Ninth Annual)

Thursday-Sunday, February 18-21
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Community Service Corner – Neighborhood Health Clinic

Nancy Lascheid, Co-Founder, Neighborhood Health Clinic and Past President, CCMS Alliance



The Naples/Collier County community is widely known for its philanthropic endeavors and generous giving. Hundreds of millions of dollars are given to children's causes and needs; conservation of our environment; the arts and education of all kinds. Generosity is a hallmark of our community.

Non-profit organizations relating to medical issues also receive a great deal of financial support.

A cursory review of the Community Foundation of Collier County lists over thirty organizations related to health care. Millions of dollars are contributed to non-profit groups that improve health, bring comfort to those facing illness, undertake research and education, or need cutting edge equipment.

What is not recognized is the time and talent that physicians and other medical professionals contribute to the numerous medically-related non-profits in Collier County. For some, this may mean serving on a non-profit's board of directors or as the medical professional on the sidelines at a school function.

Organizations such as the Neighborhood Health Clinic (the Clinic), Friendship Health Center and Physician Led Access Network (PLAN) would not exist without the volunteer efforts of physicians who provide medical care. While I cannot speak for those outstanding organizations, the value of licensed professional services donated to the Clinic in 2015 alone was nearly \$4,000,000.

However, that figure does not recognize the true value of the volunteer physicians' service. The state of Florida, which oversees free and charitable clinics, sets the value of a physician's volunteer services at \$200 per hour. Hardly an accurate reflection of the value of a licensed physician's skill and time.

Imagine the unacknowledged contributions made by our community's volunteer physicians. Then imagine the true value of time and talent. The resources brought to the patients and the community is extraordinary.

But what is the value to the volunteer physician? What is the reward?

The Neighborhood Health Clinic provides medical and dental care to the uninsured working poor of Collier County. The reward for many doctors is to share their healing talents with those who may likely receive no health care at all. It is their way of "paying it forward". Those physicians who have seen a family member or other patients experience a serious illness want to help the Clinic patient avoid the pain and consequences they have witnessed in others.

Others enjoy practicing "pure medicine", without insurance reimbursement forms, staff issues, malpractice insurance, and overhead. More time can be spent with a patient.

The Clinic's patients come from many different countries and are of many ethnicities. Physicians may see a disease or illness which rarely occurs in the United States and presents a unique medical diagnosis. One physician, indicating his patients were generally quite healthy and "medically boring," stated, "Where else in Naples will I see a case of leprosy?"

Volunteering at the Clinic unites people from diverse backgrounds. A patient from Honduras may be seen by a physician from England, assisted by a nurse from New Jersey and communicating through a translator from France, speaking Spanish. A former CEO might conduct an intake interview with a daycare worker; a grad student is on hand to guide a fearful young waitress to the lab. Dinner provided to our volunteers by a local restaurant will be hosted by kindergarten teacher turned realtor. Regardless of what they do or where they come from, all the Clinic's volunteers seek to further the mission to provide hope and healing to those who cross the Clinic's threshold.

And while good health is the goal, volunteering is good for those who practice it. Positive emotions such as optimism, humor, feeling cared for and nurtured are said to strengthen the immune system. Stress is known to cause negative physical changes and illness. Yet, by reaching out to someone who needs help, stress can be reduced. Perhaps that is why so many who volunteer say they receive much more than they give.

Low income patients see their share of stress as they try to become healthy, while struggling to pay rent, provide for their families and work at physically taxing jobs. Lawn service workers, restaurant servers, cleaners, construction workers and others make our lives easier and more pleasant. The services volunteered by the medical community enhance the quality of life for the patients.

Beyond the diagnosis and treatment provided to the patient seeking clinical care is compassion. Medicine is not a science; it is a moral practice that uses science. This is clearly illustrated by the physicians who, for the past 16 years, have created a medical home for the working, uninsured poor.

We sincerely thank Collier County Medical Society for your generous and faithful support. To all in the medical community who volunteer their services, thank you.

Please contact me personally for more information about the Neighborhood Health Clinic and becoming part of our medical family. Come to the Clinic for a tour of our facility and see what we have to offer both patients and volunteers.

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Dr. Eric Hochman with many of the new CCMS members from 2015



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