



THE FORUM

March/April 2016 • Volume 15, No. 2 • The Official Magazine of Collier County Medical Society

LEVERAGING HISTORY AND SCIENCE TO PROTECT FLORIDA FROM MOSQUITO-BORNE ILLNESS



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CALENDAR OF EVENTS

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

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

Thursday, March 31, 5:30pm

CCMS After 5 Social
Co-hosted by TD Bank

Thursday, April 14, 6:00pm

**CCMS Seminar: Helping Patients and Families with
End-of-life Decisions**

Co-hosted by Avow and Moorings Park

April 15-22

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

Friday, April 22, 6:00pm

CCMS Women Physicians Social
Home of Dr. Catherine Kowal

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

Gianni D'Antuono

Vice President
Commercial Lending Relationship Manager



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Member Dues Reminder

Payment for your 2016 CCMS membership dues
was due on December 31, 2015.

If you (or your group) has not yet submitted
payment, please do so by check or credit card
to CCMS, or you can pay at ccmsonline.org/membership. Contact CCMS at 435-7727 if you
need an additional copy of your dues invoice. To
pay your FMA dues, go to fmedical.org, and to
pay your AMA dues go to ama-assn.org.

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

NEW MEMBERS / MEMBER NEWS



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Reinstated



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Radiology Regional Center
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-1400 Fax: (239) 430-1401
Board Certified: Radiology



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700 Neapolitan Way
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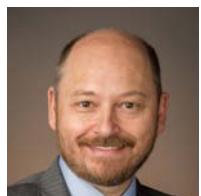
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Board Certified: Physical Medicine &
Rehabilitation, Pain Medicine



Joshu A. Raiten, M.D.
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4513 Executive Dr
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Board Certified: Physical Medicine &
Rehabilitation, Pain Medicine



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

New Locations

Mickey E. Gordon, D.P.M.
Gulf Coast Foot & Ankle Center
11181 Health Park Blvd, Ste 1180
Naples, FL 34110
Phone: (239) 566-8800 Fax: (239) 566-8778

**Erik D. Hiester, D.O., Karen Hiester, D.O.,
Brian Menichello, M.D., Monica Menichello, M.D.**
NCH Physician Group - Family Medicine
15420 Collier Blvd
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Update from the Executive Director

April Donahue, CCMS Executive Director



This is an interesting spring season in the political world. Important local, state, and national elections, including primaries, are nearly upon us (in case you hadn't seen the news or checked social media recently). And our state legislature will soon be adjourning, potentially with helpful and harmful legislation passed. The federation of medicine in Florida, and CCMS, have been busy looking after the interests of physicians and patients. Here is a quick update.

After an early start, March 11th is the last day of the 2016 Florida State Legislative Session. Healthcare legislation has been contentious this session, as it often is. Throughout the session, I have been participating in weekly conference calls with the Florida Medical Association and other medical societies throughout the state. As I write this, there are still a handful of favorable bills continuing to move through House and Senate committee hearings, and unfortunately still a few harmful pieces of legislation in need of compromise.

One of the FMA's legislative priorities for 2016 was to address OB/GYN Closure Notification. The FMA legislative team is advocating for legislation that would require 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. It looks like the bills – HB 471 in the House and SB 585 in the Senate – will continue to pass through committee, and we could be seeing a favorable outcome at the end of session.

A legislative priority that originated with the FMA's medical student section – the Needle Exchange Pilot Program – is also continuing to gain traction in Tallahassee. This legislation 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.

We are also seeing positive movement with legislation addressing Continuity of Care for Medically Stable Patients, which would prohibit insurance companies from changing certain drug approvals that have been shown to work.

The FMA team is currently working toward compromise on legislation for an 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.

Another potentially harmful bill regarding ARNP/PA prescribing of controlled substances has been moving, and we're seeing some compromises to find middle ground with the Senate version of the bill. The FMA is continuing to advocate for public health and safety in relation to this issue.

Locally, a vote on continuing to fluoridate Collier County water will be on the docket later this spring at the Collier County Board of Commissioners. CCMS is monitoring the situation and will be communicating with our county commissioners on the important health benefits of fluoridation.

On the election front, mark your calendars for the Presidential Preference Primary on March 15th, the Primary Election (primaries outside of the presidency) on August 30th, and the General Election on November 8th. Register to vote by mail or visit an early voting site to make participation easier on your busy schedule. Note – in Florida, to vote in a democratic or republican primary, you must be a registered voter within that party by the "book closing" date (approximately 30 days in advance of the primary).

Our CCMS PAC recently interviewed candidates for the Florida House District 80 seat. That office is currently held by Representative Matt Hudson, who will term out at the end of this year. The primary election race between two republican candidates – Byron Donalds and Joseph Davidow – could prove to be tight. The CCMS PAC has chosen to contribute to Joseph Davidow in this contest.

Another important and potentially close race in the August 30th primary is the office of State Senator for District 23. Leading republican primary candidates include Representatives Matt Hudson and Kathleen Passidomo. The CCMS PAC board elected to provide a financial contribution to Representative Passidomo.

Many of our local elections also have major impacts on our community, such as county commissioners, school board members, fire districts, and more. Go to colliervotes.com for a full listing of candidates and more election information.



Nichole is a loving 28-year-old mother whose journey through addiction has been long and painful. Despite several attempts at sobriety for her son's sake, patterns repeated and she lost custody. She racked up arrest after arrest and her life spiraled out of control.

When Nichole entered the Collier County Drug Court program, she made the best choice of her life. She spent the next 15-months surrendering completely to the treatment process. She did the work and learned the tools. While in Crossroads Residential, she embraced the yoga, art therapy and equine therapy and flourished.

Now sober for two years, Nicole has her son back and is expected her "second chance". She works her program, stays active and healthy and has "a great life" counting her blessings one day at a time.

Her Recovery is *Our* Concern.

Mental health is a community issue. Fortunately, there's a community solution.

Nichole is among one in four in Collier County who suffer from a mental illness. One in nine of us will experience some form of substance abuse. When a family member, friend or coworker battles a mental health or substance abuse problem, we suffer with them. Thankfully, David Lawrence Center is here for our community.

A not-for-profit organization founded and still governed by community leaders, the David Lawrence Center is the behavioral health component of our community's healthcare network. A true local resource, it relies on donations, fees and grants to invest in the health, safety and wellbeing of our community.

When your patients need help, call on the highly compassionate, committed and competent professionals of the David Lawrence Center to inspire them to move beyond the crisis towards life-changing wellness.



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Leveraging History and Science to Protect Florida from Mosquito-borne Illness

John H. Armstrong, MD, FACS, Surgeon General and Secretary of Health
Florida Department of Health



and Prevention (CDC) for the latest guidelines, especially as they pertain to the spread of the virus and its effect on unborn babies.

The first incidence of Zika was identified in 1947. Researchers discovered the virus in monkeys of the Zika Forest in Uganda – the location to which its name is attributed. The first real detection in humans occurred in Nigeria in 1954, but eventually it was traced back to humans from Uganda, Tanzania, Nigeria and Senegal as early as 1952.

In 2007, the world saw its first outbreak. Just north of Australia on the little-known Pacific Island of Yap, residents were suffering from symptoms similar to another mosquito-borne illness called Dengue. After sending samples to the CDC for testing, almost 50 cases were confirmed as Zika virus. Since then, we've seen the disease make its way across the Atlantic Ocean into South and Central America to where it is today.

To date, we have had no transmission of Zika virus in the state of Florida. We have, however, over 30 travel-associated cases reported to the CDC. A travel-related case is defined as disease contracted outside of the United States prior to arrival in Florida. While none of patients with travel-related Zika diagnosed in Florida have been pregnant, we have identified several pregnant women who have antibodies to Zika from infection in other countries. We are working with health care professionals to ensure that all patients with Zika-related issues are receiving the care they need as directed by CDC guidance.

Zika is not an obvious illness. It has mild symptoms, and only one in five people infected with the virus experience symptoms. Signs of Zika are similar to having a milder flu and include low-grade fever, rash, joint pain, red eyes and body aches. There is no specific treatment against the virus, so symptom relief is the focus. Severe cases requiring hospitalization are uncommon, and illness typically resolves within a week.

Recently, the world experienced the emergence of a new health threat called Zika virus. The Zika virus – which started in Africa and has now moved across the Atlantic Ocean into South America and Central America – exists in a particular mosquito and is transmitted from mosquito bites. We are learning about this disease, and we are in frequent contact with the Centers for Disease Control

The main concern with the Zika virus is its potential effect on pregnant mothers and unborn babies. Zika virus during pregnancy is associated with loss of pregnancy and birth defects such as microcephaly, a condition where a baby is born with an underdeveloped brain. The virus is also associated with certain neurological disorders in adults including Guillain-Barre Syndrome. People older than 50 are most at risk. Again, it is unclear whether Zika causes these health issues. CDC and WHO research teams in Central and South America are working to find answers.

We are fortunate to have a state public health laboratory system in place that has plenty of tests for the Zika virus. With CDC guidelines, our department is closely monitoring imported cases.

A critical step for prevention and containment of Zika is mosquito control. We continuously run a robust mosquito-borne illness surveillance system, and we partner with the CDC, the Florida Department of Agriculture and Consumer Services and local county mosquito control boards to ensure that the proper precautions are being taken to protect residents and visitors.

Florida residents have an important role in mosquito control efforts. This particular mosquito likes to live around our homes and dwelling. "Drain and cover" is the way to remember the steps that you need to take for mosquito control where you live: eliminate any sources of standing water where the mosquito can breed; use mosquito repellent in the morning and evening and cover up with proper clothing; and be sure that screens are in place and intact over your windows and doors.

I am confident that our history as a department has prepared us to address this issue. In the past, we have had success in containing other mosquito-borne illnesses with appropriate public health messages and readiness. For example, dengue is a virus transmitted by the same mosquito and has been contained in Florida. This virus was eliminated from the continental United States decades ago, and since then, a small number of travel-related cases are reported each year.

I want to assure you that preventing mosquito-borne illnesses is a priority for your department, and we are here to respond to any concerns you might have about health risks. We respect this virus, and our continuing preparation will ensure that residents and visitors in Florida remain protected as we've demonstrated time and time again.

For further information on Zika and mosquito borne-illness, please visit our website at www.FloridaHealth.gov or call the Zika Virus Information Hotline at 855-622-6735.



Think Zika

Florida Department of Health • FloridaHealth.gov

1. IDENTIFY



Ask the patient about travel to areas with Zika virus activity.



Ask if the patient or fellow-travelers became ill while traveling or during the two weeks after return, and reported two of the following:

FEVER
RASH
JOINT PAIN
CONJUNCTIVITIS

2. TEST

Order a Zika virus test for a pregnant woman who has traveled during pregnancy. Consider an ultrasound to determine if microcephaly or intracranial calcifications are present in the fetus.



For all travelers with symptoms, immediately contact your local health office to request Zika virus testing.



Test for dengue and chikungunya if the patient or fellow-travelers reported fever.

3. REPORT



Report any suspect Zika, dengue or chikungunya cases to your local health office immediately to ensure appropriate confirmatory testing and mosquito control.



FIND YOUR LOCAL HEALTH OFFICE

Recent Stark Law Changes: 2016 Final Regulations Ease Compliance Burden of Self-Referral Law

Amanda L. Waesch, Esq. and Richard Annunziata, Esq., Brennan Manna & Diamond P.L.

On November 16, 2015, CMS clarified and modified the terminology and requirements of the federal physician self-referral law (commonly referred to as the "Stark Law") through the CY 2016 Final Medicare Physician Fee Schedule Rule (Final Rule). The Stark Law prohibits physician referrals for "designated health services" (DHS) payable by government payers to entities with which the physician has a financial relationship unless a specific exception under the Stark regulations is met. The Final Rule added two new Stark Law exceptions and clarified requirements for certain existing Stark Law exceptions.

New Exceptions:

1. Recruitment of Nonphysician Practitioners (NPPs) – This new Stark Law exception allows a hospital, federally qualified health center (FQHC), or rural health clinic (RHC) to provide financial assistance to a physician or group practice in order to recruit NPPs. NPPs include physician assistants, nurse practitioners, clinical nurse specialists, certified nurse midwives, clinical social workers and clinical psychologists who furnish primary care services (general family practice, general internal medicine, pediatrics, geriatrics, and obstetrics and gynecology services) or mental health services.

Under the exception, the following requirements must be met: (1) the NPP must perform substantially all primary care or mental health services to patients of the practice; (2) the contractual relationship must be directly between the physician who received remuneration for the recruiting efforts and the NPP who was hired as a result of those efforts; (3) the amount of permissible remuneration is limited to fifty percent (50%) of the actual aggregate compensation, signing bonus, and benefits paid to the NPP; (4) the hospital, FQHC, or RHC cannot assist in recruiting efforts to the same physician more than once every three years, unless the NPP does not remain with the physician's practice for at least one year; and (5) the NPP must not have practiced in the geographic area served by the hospital, FQHC, or RHC that assisted in the recruiting effort for at least one (1) year prior to the recruitment.

2. Timeshare Arrangements – The second exception allows for timeshare arrangements for the use of office space, equipment, personnel, items, supplies, and other services for entities that are not interested in a traditional lease arrangement. The exception permits physicians to enter into agreements for limited or as-needed use of premises, equipment, and other items and services. The following must be met: (1) the arrangement is set out in writing, signed by the parties, and specifies the premises, equipment, personnel, items, supplies, and services covered by the arrangement; (2) the arrangement is between a hospital or physician group of which the physician is not an owner, employee, or contractor; (3) the leased premises, equipment, personnel, items, supplies, or services must be used predominately for evaluation and management (E/M) services; and (4) the equipment covered by the arrangement, if any, is located in same building as the office suite where the physician performs E/M services, is used only to furnish DHS that is incidental to the physician's E/M services and furnished at the time of such E/M services, and is not advanced imaging equipment, radiation therapy equipment, or clinical or pathology laboratory equipment (other than equipment used to perform CLIA-waived laboratory tests).

Clarifications:

1. The Writing Requirement – Many of Stark Law exceptions require arrangements to be in writing. The Final Rule clarifies that this need not be a single, written document. CMS states that depending on the facts and circumstances of the arrangement and the available documentation, a collection of documents, including contemporaneous documents evidencing the course of conduct between the parties, may satisfy the writing requirement.
2. Term Requirements – Various Stark Law exceptions require that the relevant arrangement have a term of at least one year. The Final Rule clarifies that this need not be a formal written contract or other document with an explicit provision identifying the term of the arrangement. The requirement is satisfied if, as a matter of fact, the arrangement lasts for at least one year or the parties terminated the arrangement during the first year and did not enter into a new arrangement for the same services.
3. Holdover Arrangements – Certain Stark Law exceptions permitted holdover arrangements for up to six months upon satisfaction of specific requirements. The Final Rule allows for indefinite holdover arrangements if certain requirements are met.
4. "Remuneration" – The Final Rule clarifies that no remuneration flows between the parties in a "split bill" arrangement where a physician uses an entity's resources to treat the entity's patient and the physician bills only for his or her professional fees and the entity bills for its resources and services. In contrast, if an entity or physician bills a non-Medicare payer globally, a benefit is conferred to the party receiving the payment, and this would constitute remuneration between the parties.
5. Compensation Arrangements – "Stand in the Shoes" – The Final Rule clarifies that only physicians who stand in the shoes of their physician organization are considered parties to an arrangement for the purposes of the signature requirements of the exceptions. For other Stark Law purposes, however, all physicians in a physician organization, including employees and independent contractors, are considered to be parties to the arrangement. Thus, compensation paid to a physician organization cannot take into account the referrals of any physician in the physician organization, not just a physician who stands in the shoes of the physician organization.
6. Temporary Noncompliance with Signature Requirements – Currently, Stark Law regulations provide different time periods for obtaining signatures dependent on inadvertent and advertent noncompliance. The Final Rule dissolves this distinction and allows parties up to ninety (90) days to obtain all required signatures.
7. Physician-Owned Hospitals – The Final Rule clarified the website and advertising requirements for physician-owned hospitals under the Affordable Care Act. It states that it does not consider social media websites electronic patient payment portals, electronic patient care portals and electronic health information exchanges to be "public websites for the hospital" for purposes of advertising and disclosure requirements. The Final Rule also states that public advertising does not include communications made for the purpose of recruiting hospital staff, public service announcements and community outreach.

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Upcoming symposiums



**Pediatric Symposium:
A Multispecialty Approach to
Pediatric Care (15th Annual)**
*Saturday, April 2
The Biltmore Hotel, Coral Gables
(6 CME/CE)*

MiamiPediatrics.BaptistHealth.net



Miami Robotics Symposium
*Thursday-Saturday, April 7-9
Eden Roc Hotel, Miami Beach
(19 CME/CE)*

MiamiRobotics.BaptistHealth.net



**Head and Neck Cancer
Symposium (Fifth Annual)**
*Saturday, April 30
Baptist Hospital, Auditorium
(4.5 CME/CE)*

HCNCancerSymposium.BaptistHealth.net



**Primary Care Focus
Symposium (15th Annual)**
*Friday-Sunday, June 24-26
Marco Island Marriott Beach
Resort, Golf Club & Spa,
Florida (12 CME/CE)*

PrimaryCareFocus.BaptistHealth.net

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CCMS Member Benefits Spotlight

Collier County Medical Society

As a Collier County Medical Society member, you support our mission to “help physicians practice high-quality medicine in our community” and in doing so, exemplify what it means to be a physician and a leader. With your participation, we are able to provide our medical community and our patients strong and effective representation.

As a member you also have access to an extensive range of benefits including discounts on services, this magazine, and the annual physician directory. Our focus is on supporting you as a physician, your practice as a business, and maintaining the high standard of medicine we are accustomed to in Collier County. The following benefits of membership are designed to offer you a positive experience that will help you help your patients. For more information, contact CCMS at (239) 435-7727 or info@ccmsonline.org.

Meetings & Education

Frequent dinner meetings provide members with educational presentations, practice management seminars, and CME opportunities at no additional charge. CCMS also offers all members a complimentary professional account with CE Broker.

Our Society plans numerous social events each year, included with your membership, such as women physician luncheons, a new member welcome reception, and an annual installation of officers dinner. We also partner with a variety of local organizations for the “After 5” networking events. Visit ccmsonline.org for the current event calendar.

Advocacy & Committees

CCMS sends a delegation to the FMA Annual House of Delegates each year where FMA policy is formed and a strong legislative agenda is created. The following committees meet regularly to form CCMS policy: Legislative; Membership; Programs; Health Information Technology; and Women’s Health Forum. All members are encouraged to join a committee.

CCMS monitors issues of public concern in an effort to promote good health and access to affordable health care in the community. We meet with and provide testimony to legislators and work with the media to highlight critical issues. Our Political Action Committee (PAC) supports the campaigns of physician & patient-friendly candidates at the local and state levels. The numerous contributions from our CCMS members have allowed the PAC to provide thousands of dollars in campaign support.

Group Health Insurance Coverage

CCMS member practices can be part of a single, large, fully-insured entity under Florida Blue. Everyone benefits from large employer economies and flexibility - 11 medical plan designs are offered with numerous cost-saving measures to better control long-term cost. A portion of the premiums can be returned to the plan in good years and used to further stabilize costs.

Physician Directory & Referrals

Each fall we distribute 10,000 copies of a full-color Physician Directory to members, hospitals, clinics, libraries, community resource centers and the public. Only CCMS members are listed in the Directory, which includes an index by specialty. Members can also buy advertising space in the publication.

Additionally, CCMS receives hundreds of phone calls each year from patients looking for physicians. We are happy to provide a referral to your practice. You can also encourage patients to go to the online physician member directory at ccmsonline.org.

Member Communications

The Forum is a bi-monthly news and educational magazine sent to each member, featuring articles about CCMS, its members and issues affecting the practice of medicine. You can contact CCMS to contribute articles, and read back issues online at ccmsonline.org.

An e-newsletter, the “elert” is sent to all members every other week alerting them to key meetings and time-sensitive information. We also send complimentary email notices for new CCMS members and relocation of practices upon request. Open house and other practice notices can be emailed to CCMS members & office managers for a small fee. In addition, our website, ccmsonline.org, has a variety of resources for our members.

Circle of Friends & Vendor Discounts

The CCMS Circle of Friends preferred vendor program features select local businesses that provide benefits to members in an effort to meet their personal and business needs. As negotiated by CCMS, these companies have agreed to provide special member savings. Industries represented include banking, legal, wealth management, medical billing, malpractice insurance, employee benefits, personal insurance, CPAs and business consulting, and medical supplies. Additional vendor discounts include chamber membership, HIPAA services, and printing. Learn more at ccmsonline.org/vendors.

Affiliations

We invite you to support our Foundation of CCMS (ccmsfoundation.org), promoting medical education and public health. The Foundation’s annual charity golf tournament is September 17th and helps raise funds for activities such as the Foundation’s healthcare scholarship program. CCMS Alliance (ccmsalliance.info) provides an additional network and events for members’ spouses. We also encourage you to volunteer in the Physician Led Access Network (plancc.org), which was originally co-founded by CCMS. You will receive sovereign immunity and participate in an organized system for serving indigent patients in our community.

Community Outreach

Each year we hold our popular Women’s Health Forum where CCMS physicians speak to more than 300 women in the community. Plus, members can join our speakers bureau, which is a great resource for media and groups looking for experts on important local medical issues. The CCMS Grievance Committee helps patients and members resolve misunderstandings and communication difficulties. This valuable service assists patients and physicians in settling disputes as an alternative to the patient seeking resolution within the legal system.

We invite you to be as involved as you can be in your society, and to take advantage of these benefits included with your membership. As always, we welcome your suggestions and input. Contact April Donahue, CCMS Executive Director, or Nancy Wood, Executive Assistant, at (239) 435-7727 or info@ccmsonline.org.

The Foundation of Collier County Medical Society presents

Docs & Duffers 2016

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

Saturday, September 17, 2016 Bonita Bay Club Naples

Register at ccmsfoundation.org / call (239) 435-7727

Details

7:30 am
Registration / Refreshments
8:30 am
Introduction
8:45 am
Shotgun Start / Scramble Format
1:15 pm
Lunch & Awards Ceremony
*Mulligans, Raffles,
Hole Contests, and more!*

Golfer Fees

\$175/golfer & \$600/foursome
includes lunch & goodie bags

Sponsorships

ccmsfoundation.org
[\(239\) 435-7727](mailto:april@ccmsonline.org)



2016 Annual Meeting & Installation of our 59th President & Officers

Saturday, May 14th • Naples Beach Hotel & Golf Club
featured speaker: Dr. Andrew Gurman, AMA President-Elect

Complimentary for CCMS members & one guest each, additional tickets \$125. Register at ccmsonline.org

Community Service Corner – The Shelter for Abused Women & Children

Kaydee Tuff, Communications Manager, The Shelter for Abused Women & Children



Dr. Anurag Agarwal

A long-time victim of abuse, Jeanette was riding in the car with her boyfriend, when he grabbed a box cutter from the back seat and swung it into her face, slicing through her nose and eye lid and severely disfiguring her. As he carefully stitched back the pieces of Jeanette's face, Naples plastic surgeon Dr. Anurag Agarwal wished there were some way to have prevented this horrific injury.

As an on-call facial plastic surgeon, Dr. Agarwal is quite familiar with the heart-rending physical injuries sustained by victims of domestic violence. His desire to find a way to intervene before serious or fatal injuries brought him to The Shelter for Abused Women & Children, where he worked with Shelter advocates to create the Medical Responder Program.

"A physician may be the first nonfamily member that an abused woman turns to for help," he explains. "That provider has a unique opportunity and responsibility to intervene."

By law, medical personnel are not mandated to report domestic violence with the exception of gunshot or life-threatening wounds or violence to a child, elder or 'vulnerable adult,' but the timing and expertise of these medical professionals holds tremendous potential to save lives through intervention.

Key to the success of the Medical Responder Program is training medical staff to recognize signs of abuse beyond fresh cuts and bruises. Here in Collier County, thousands of women present in hospital emergency rooms every year. One in four of these women are survivors of domestic violence. Hospitals routinely screen for domestic violence in situations of severe injury, such as Jeanette's; however identifying the signs of abuse during a non-injury related exam is not as common. Too often, these victims slip through the cracks.

To avoid missed opportunities to identify and provide referrals to victims, Dr. Agarwal and Shelter advocates collaborate with local hospitals and emergency care facilities to provide staff with training and resource materials. A handy, pocket-sized medical responder card outlines the signs of abuse and lists questions a provider might ask when assessing a possible victim.

Some signs include depression, panic attacks, anxiety, or PTSD. A patient may show signs of injuries in different stages of healing or a delay in between injury and care-seeking. They

may be accompanied by a partner who speaks for them or is resistant to others speaking to the patient alone.

If a patient confirms that abuse has taken place and is open to help, the provider can offer literature created by The Shelter, with resources for help. If the patient chooses, The Shelter will send a certified advocate to provide comfort, discuss services and safety planning as well as assist with communication between the patient and agencies of their choosing.

According to Dr. Agarwal, it only takes 10 minutes of a provider's time to potentially save hundreds of lives in Collier County.

"Until I got involved, I had no idea of all the programs and services provided by The Shelter," he says, "There's a good chance that a lot of providers don't know about these services and what might be available to their patients."

Several years after operating on Jeanette, Dr. Agarwal showed up to help build a Habitat for Humanity home and was surprised to see the house was going to belong to Jeanette and her son.

"It was really rewarding to see how her life had been changed by the care she received at The Shelter and other service agencies," he says.

According to Linda Oberhaus, Executive Director of The Shelter, the Medical Responder Program is vital to The Shelter's mission to prevent, protect and prevail over domestic violence through advocacy, empowerment and social change.

"These medical professionals have the potential to be an abuse victim's first and sometimes last chance for help," she says. "It's imperative that they recognize the signs, make potential victims aware of The Shelter and contact The Shelter when a victim requests assistance. We are truly grateful for the participation of medical personnel as they recognize the immense potential of this important program."

Since established in March 2014, the Medical Responder Program has provided training on medical response to domestic abuse to 606 current and future medical professionals. To schedule training for medical personnel, please contact Community Education & Training Manager Karen Harmon at 239-775-3862 ext. 260 or email kharmon@naplesshelter.org

For more information on The Shelter for Abused Women & Children, go to www.naplesshelter.org or call 239-775-3862.



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