CCMS Member Spotlight – “Retiring” to New Opportunities

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

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

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

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

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

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

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

Contact: Karen Mosteller
239-261-5554
markham-norton.com

CCMS Board of Directors
2018-2019

President
Cesar De Leon, D.O.

Vice President
David Wilkinson, M.D.

Secretary
Alejandro Perez-Trepichio, M.D.

Treasurer
Rebekah Bernard, M.D.

Immediate Past President
Catherine Kowal, M.D.

Officer/Director at Large: Rebecca Smith, M.D.

Directors at Large: Gary Swain, M.D.; George Brinnig, M.D.

Ex Officio Directors: Susan Bello & Barbara Rougraff
CCMS Alliance Co-Presidents
April Donahue, Executive Director, CCMS

Views and opinions expressed in The Forum are those of the authors and are not necessarily those of the Collier County Medical Society, 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:**

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

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

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

**Reinstated:**

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

**Board Certifications:**

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

**Daniel Masvidal, M.D.**  
Electrophysiology  
Naples Heart Rhythm Specialists

**Retired:**

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

**Corrections to Physician Directory:**

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

**Donald D. Newman, M.D.**  
Correct photo

**Steven B. Newman, M.D.**  
Correct photo

**New Practice:**

**Troy L. Shell-Masouras, M.D.**  
Breast Surgical Oncologist  
Paradise Coast Breast Specialists  
1890 SW Health Pkwy Ste 100  
Naples, FL 34109  
Phone: (239) 734-3533  
Fax: (949) 543-2925

**New Location:**

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

**New Fax Number:**

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

**In Memoriam:**

**Malia M. Jackson, M.D.**

---

**CCMS Member Dues**

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

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

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

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

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

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

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

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

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

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

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

Visit the new CCMS Patient Choice educational webpage [ccmsonline.org/patientchoice](http://ccmsonline.org/patientchoice) for more resources on this issue and information for patients.
When it comes to your practice, you want a reliable point of contact who understands your unique business needs.

Our low rates, low fees and low monthly payments help you save money so you have more to invest back into growing your practice. Suncoast Credit Union offers products & services to help your business grow.

- Line of credit options for seasonal, capital or short-term credit needs.
- Commercial owner occupied real-estate loans with rates as low as 4.99%*, 15 year fixed term option.
- New equipment financing up to 100%.
- Local decision making.
- No pre-payment penalty.
- No intangible tax.

Get the resources you need with an experience team. Please contact a Suncoast Business Relationship Officer today!

Pamela Rivard (Ft. Myers & Naples)
800-999-5887 ext. 86872 | Cell: 239-410-0860
pamela.rivard@suncoastcreditunion.com

Kim R. Donnelly (Ft. Myers & Naples)
800-999-5887 ext. 82358 | Cell: 239-219-4220
kim.donnelly@suncoastcreditunion.com

*Loans are subject to credit approval. Construction loans are not eligible for the promotional rate. Rates are not available for refinancing or existing Suncoast Credit Union credit cards. No additional discount applies to this offer. Other rates available. Promotion is available only to “For profit” businesses. All rates are available during the promotion period, and closing must occur within 60 days. Rates are subject to change and promotion can end at any time without prior notice.

The Pressing Questions of a Medical Professional

...change my strategy? ...start my own practice? ...merge with another? ...expand? ...reuben or sushi for lunch?

We have answers!

Whether you're opening your own practice, merging, or expanding, we offer a full-spectrum of services for the medical professional

- Strategic Planning
- Accounting and Tax Services
- Fraud Risk Management
- Acquisitions, Mergers, Group Practice Formation
- Human Resources Consulting
- Practitioner Employment Matters
- Operational/Financial Issues Consulting

More Information: ccmsonline.org/physician-wellness
Confidential Appointment Line: 239-208-3984
Helping You Take Care of You
CCMS Member Spotlight
Volunteering in Retirement: Physicians Who Take the Road Less Traveled

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

Dr. Charles Montgomery
Ophthalmologist and founder, Montgomery Eye Center
Practiced for 35 years, in Naples since 1970, retired in 2002
CCMS Past President
Retirement Activity: Auxiliary Sheriff’s Deputy for Collier County
His advice to physicians today: If you put your patients first, you will succeed.

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

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

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

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

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

Dr. Humphrey examines a patient at the Neighborhood Health Clinic

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

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

continued on page 7
online, splitting her time between Ohio and Florida. When on
campus, she has a clinical skills assessment class where she gives
her students different OB GYN case scenarios with an actor
or actress. She grades them in the areas of appropriate history,
physical exam, differential, diagnosis and appropriate testing,
and treatment. When she is in Naples, she teaches three online
courses: medical errors, healthcare economics, and physician
burnout. Dr. Humphrey also volunteers to teach the women’s
health lectures for the NCH internal medicine residents. She
says her role as a professor is a “natural fit” after her clinical
practice, where she spent a great deal of time teaching patients
about their conditions and treatment.

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

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

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

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

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

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

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

Dr. Howard Freedman
Pediatric Ophthalmology
Practiced for 41 years, 18 years in Naples
Retired in 2000
CCMS Medical Missions Sub-Committee Member
Retirement Activity: Certified Fundraising Professional,
Volunteer Physician
His advice to physicians today: Don’t be afraid to start
volunteering.
Foundation of Collier County Medical Society’s 5th Anniversary
“Docs & Duffers” a Success
Foundation of CCMS

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

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

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

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

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

Spotlight on our Docs & Duffers Sponsors:

ACE Sponsor
SWFPA, the Southwest Florida Physician Association is the (IPA) Independent Physician Association that contracts with independent physicians, and provides services to managed care organizations. SWFPA incorporated in 1987 and now has more than 1000 local physician members of multiple specialties. The contracting services provide access to over 100,000 lives in Collier and Southern Lee counties through 25 different agreements direct with self-insured employers, networks, and health plans. SWFPA is the only select providers for the not for profit corporation, Naples Physician Hospital Organization, The (PHO) DBA/Community Health Partners.

Birdie Sponsors
FineMark National Bank & Trust
First Citizens Bank
Slepcevich Financial Group
VITAS Healthcare

In-Kind Sponsors:
Germain BMW of Naples
Life in Naples Magazine
Radiology Regional Center

Please join us in thanking all our supporters – for a complete list visit ccmsfoundation.org
Docs & Duffers and Foundation Social Event

Dr. Carlos Mendez and Bobbi Mendez

Dr. Dennis Hadlebaugh and Dr. Jonathan Jay

Dr. Jeffrey Panozzo and Dr. Michael Gloth

Dr. Jose Baez, Dr. Alan Galbut, Dr. Jon Berlie and Dr. Rich Pagliara

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

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

Miriam Lemoine and Marisol Baez

Nolan Henke and Dr. Rolando Rivera

See more photos at facebook.com/ccmsonline
You may be unaware that a movement is gaining momentum across this country focused on transforming health and redefining health care. It’s been sparked by recognition that the status quo approach of treating symptoms with ever-increasing quantities of pills and procedures is unsustainable and not in the best interest of medical professionals or their patients.

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

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

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

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

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

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

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

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

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

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

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

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

A Commentary on Real Healthcare Reform
Amy S. Chappell, M.D., CCMS Member, Diplomate of the American Board of Psychiatry and Neurology, Inc.
11th Annual
Women’s Health Forum

ADVANCES in Women’s Health

presented by
Collier County Medical Society

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

Attend this Free Public Event

Featuring:
• Educational talks from 24 local physicians
• An exhibit hall with numerous vendors that provide services for women
• Healthy refreshments
• So much MORE!

Limited Seating!
Register at
ccmsonline.org
or Call
(239) 435-7727

Exhibitors:
Advance Medical of Naples
Arden Courts & Lely Palms
Avow
Calmar Pain Relief Therapy
Diane Brzezinski, DO, PA
eBella Magazine
Fisher Eye & Laser Center
IL Sports Medicine & Orthopaedic Centers
Dr. Giselle Martin
NCH Healthcare System
Physicians Regional Healthcare System
ProScan Imaging
Snead Eye Group
Vein Specialists
Vi at Bentley Village
The Woodruff Institute

Featured Topics:
Breast Health
Caregiving Tips
Colon Care
Dermatology
Detoxification
Diabetes
Foot Care
Gynecological Health
Healthy Heart
Memory Loss
Metabolism & Weight
Osteoarthritis
Pain Management
Patient Self-Advocacy
Vision Care
...and MORE!

Presenting Sponsors

A Public Service Event from

Co-hosted by:
Naples United Church of Christ
5200 Crayton Road  •  Naples, FL

Reach 400 local women! Become a Women’s Health Forum Sponsor or Exhibitor. Download an application form at ccmsonline.org.
Virtual Reality for Pain Management: An Alternative to Opioids
Miranda Felde, MHA, CPHRM, Vice President, Patient Safety and Risk Management, The Doctors Company

In 2016, science teacher Bob Jester fell off a roof, broke 19 bones, and underwent surgery for his badly broken back. Doctors prescribed Oxycodone, an opioid, during Jester’s extended recovery. Jester worried that he would become dependent on opioids, so he jumped at the chance to try Virtual Reality (VR) as an alternative to opioids when an acquaintance told him about a company that was using VR for pain management. When he started using a mobile headset connected to a smart phone that plays VR apps, Jester found his pain lessened and the effect lasted for several hours each time. About a year after his accident, Jester was able to wean himself off opioids.1

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

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

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

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

In 1996, the Harborview Burn Center in Seattle, Washington, successfully piloted the use of VR for burn patients with severe acute pain. Since then, more providers have found VR can provide relief for patients experiencing acute pain, such as the type Jester experienced following surgery.7

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

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

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

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

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

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

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

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

• Falls: Patients wearing a full-surround headset cannot see their real-world environment and may walk into or trip over objects. Even patients in bed can knock things over while waving their arms around. Create a safe physical environment for VR use.
• Motion sickness: Many people experience some...
combination of eye strain, headaches, and/or nausea. Patients who are ordinarily prone to any of these symptoms may not be good VR candidates.

- Psychological effects: The brain can store VR experiences as memories in almost the same way it stores physical experiences. Young children, especially, may confuse VR experiences with real experiences, especially when remembering them later. “If you were to do this in the real world, how would it affect you? That’s the way to think about virtual reality,” says Jeremy Bailenson, director of Stanford’s Virtual Human Interaction Lab.

- The unknown: VR technology is still in its infancy, and therefore, little is known about the long-term consequences of VR use.

The Future of VR for Pain Management

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

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

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.


5 Barad J. New realities in medicine—exploring the virtual and augmented horizon. Panel presented at: A4M MMI World Congress. December 14-16, 2017; Las Vegas, NV.


CCMS After 5 Socials
CCMS Fall General Membership Meeting

Dr. Glenn Groat and Dr. Anne Marie Tremaine

Charlie Freeland, Dr. Klaus Freeland, and Dr. Jake Hester

Dr. Jeff Craig, Joy Craig, Dr. Daniel Wasserman, and Dr. Bert Maulsby

Lori Berlie, Dr. Jon Berlie, and Dr. Jeffrey Eisenstein

Dr. Gary Swain and Karen Swain

Dr. Kelly Fontana, Dr. Steven Fontana, and Junee Gardy

Mary Gahagan and Dr. Thomas Gahagan

Dr. Giuseppe Guaitoli, Rose Guaitoli, Dr. Albert Alessi, and Dr. Patricia Alessi

Dr. Lynn Byerly, Bruce Byerly, and Dr. Catherine Kowal

Oscar Arguelles, Dr. Elizabeth Arguelles, Dr. Shona Velamakanni, and Dr. Sajan Rao

Dr. Glenn Groat and Dr. Anne Marie Tremaine

Dr. Rafael Urbina, Dr. Rolando Rivera, and Dr. Gustavo Rivera

See more photos at facebook.com/ccmsonline
Equals make
THE BEST PARTNERS.

We're taking the mal out of malpractice insurance.
As a company founded and led by doctors, we know what keeps you up at night. It’s why we partner with practices of all sizes to help manage the complexities of today’s healthcare environment and reward the practice of good medicine. Because when you have a partner who’s also a peer, you have malpractice insurance without the mal.
Join us at thedoctors.com
Register for upcoming CCMS Events at ccmsonline.org

New Members Welcome Reception: Nov. 9
CCMS After 5 Social: Nov. 15
Healthy Holidays Cooking Demo: Nov. 29
Foundation of CCMS Social: Dec. 7