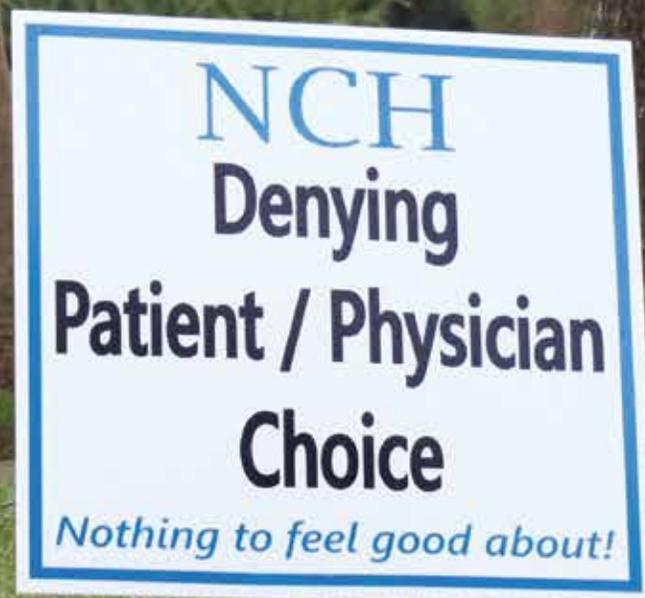




THE FORUM

January/February 2019 ♦ Volume 18, No. 1

The Official Magazine of the Collier County Medical Society



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CALENDAR OF EVENTS

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

Friday, January 18, 6:00pm
CCMS Women Physicians Winter Social
CCMS Member Home

Tuesday, January 22, 6:00pm
**CCMS Lecture - Detection and Management of
Aortic Aneurysms in Primary Care Practice**
Hilton Naples

Saturday, February 2, 8:00pm
CCMS Member Tickets for Les Misérables
Artis-Naples

Wednesday, February 20, 5:30pm
CCMS After 5 Social
Location TBA

Saturday, February 23, 8:30am
CCMS Women's Health Forum
Naples United Church of Christ
Free and open to the public.
Sponsor/Exhibit info at ccmsonline.org

Friday, March 8, 6:00pm
CCMS & LCMS After 5 Social
Location TBA

Wednesday, March 20, 6:00pm
CCMS Spring General Membership Meeting
Arthrex

Saturday, March 30, 5:30pm
CCMS & CCMSA Everblades Hockey
Family Outing
Hertz Arena

Saturday, May 4, 6:30pm
2019 CCMS Annual Meeting & Installation
Wyndemere Country Club
Support opportunities at ccmsonline.org

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MEMBER NEWS

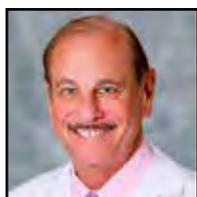
New Members:



Corin E. DeChirico, D.O.
Healthcare Network of SWFL
1454 Madison Ave
Naples, FL 34142
Phone: (239) 658-3000
Board Certified: Internal Medicine



Margaret A. Forszpaniak, D.O.
Elite DNA Therapy Services
846 Anchor Rode Dr
Naples, FL 34103
Phone: (239) 300-4244
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David M. Lustig, M.D.
Florida Bladder Institute
1890 SW Health Pkwy Ste 205
Naples, FL 34109
Phone: (239) 449-7979 Fax: (239) 593-3356
Board Certified: Urology

New Practices:

Jeffrey L. Craig, M.D.
Old Naples Concierge Medicine
296 14th Ave S
Naples, FL 34102
Phone: (239) 331-3406 Fax: (239) 300-0169
Mobile: (859) 803-7976
jeff@jeffreycraigmd.com

Mark Josephson, M.D.
Max Health Primary Care
730 Goodlette Rd N Ste 100
Naples, FL 34102
Phone: (239) 351-2990 Fax: (239) 300-4128

New Locations:

Alan S Galbut, M.D.
Naples Medical Center
90 Cypress Way E Ste 10
Naples, FL 34110
Phone: (239) 649-3326 Fax: (239) 430-5587

Stephen L. Friedman, M.D.
Jaffe Sports Medicine Group
150 Tamiami Trl N Ste 1
Naples, FL 34102
Phone: (239) 436-6711 Fax: (239) 597-7348

Dr. Lani Vu and Dr. David Tran
A Better Vue Eye Physicians
1333 3rd Ave S Ste 301
Naples, FL 34102
Phone: (239) 262-2020

New Locations, cont.:

Naples Orthopedics & Sports Medicine Associates
(a division of Neuroscience and Spine Associates, P.L.)
1250 Pine Ridge Rd Ste 202
Naples, FL 34108
Office: (239) 325-1135
Physical therapy scheduling: (239) 631-7008
Michael T. Having, M.D.
Patrick W. Joyner, M.D.
Chirag S. Patel, M.D.
Lisa M. Aenlle, M.D.

Reinstated:

Dr. William Figlesthaler
Encore Urology
11181 Health Park Blvd Ste 1115
Naples, FL 34110
Phone: (239) 597-4440 Fax: (239) 597-4441

In Memoriam:

Rohit R. Bhasin, M.D.

CCMS Physician of the Year Nominations

CCMS is pleased to announce its search for the 5th Annual CCMS Physician of the Year. The award honors a CCMS member who deserves special recognition for exemplary contributions to the practice of medicine and/or outstanding service to our community. The Board of Directors invites CCMS members to submit nominees for this prestigious award.

Nominees must be current members of CCMS and have demonstrated exceptional activities over the past year that reflect well on the medical profession. For instance, a candidate might be a physician who has made significant innovations in medicine, helps improve access to care for the underserved, or is a leading volunteer for worthwhile causes in our community.

The award will be presented at the CCMS Annual Meeting & Installation of Officers, May 4th at Wyndemere Country Club. For more information visit ccmsonline.org.

Please download and complete the nomination form at <https://bit.ly/2AdVIOt>, noting explicitly why the nominee is deserving of the award. We strongly encourage you to submit additional documentation such as supporting letters, CV, or news articles.

Mail, fax, or email the nomination form and supporting information by February 28:
Collier County Medical Society
ATTN: Physician of the Year Award
1148 Goodlette Road N., Naples FL 34102
Tel (239) 435-7727 Fax (239) 435-7790
info@ccmsonline.org

A Message from the President

Cesar De Leon, D.O., President, Collier County Medical Society



Dear Colleagues:

The NCH administration is planning to implement a policy that will divide the medical community between the employed versus the independent, from primary care to specialist. While the shift to employed hospitalists doesn't directly eliminate specialist physicians, there will be a ripple effect as the employed hospitalists are required to refer internally.

As independent physicians are phased out, the current leadership will be able to discard the medical staff bylaws and change rules on a daily basis. In an unbalanced system, there will likely be more abuse of power. The rights of employed physicians will be at risk. The poor treatment we have seen physicians receive from the administration to date could increase.

The Florida Medical Association, the Florida Chapter of the American College of Physicians, the Florida Osteopathic Medical Association, the Florida Geriatrics Society, the Naples City Council, the Collier County Board of Commissioners, and respected members of our community have all expressed serious concerns about the policy and actions of the NCH administration. [Visit ccmsonline.org/patientchoice to view statements from these organizations.]

A recent survey of local physicians revealed that 95% of respondents do not agree with the NCH policy, 91% do not agree that the NCH administration listens to or works collaboratively with the medical staff, and 96% do not have confidence in the NCH management team's leadership for the future of NCH.

We need to stand together to protect our patients, our colleagues, and our community. I need your help.

I need you to educate your patients and guide them to the education webpage at CCMS – ccmsonline.org/patientchoice. Print the two-page Patient Choice Brochure located on the webpage to give to them and most importantly, ask everyone to share their concerns with the Board of County Commissioners, Naples City Council, NCH Board of Trustees, and *Naples Daily News*.

Pursuit of this policy has undermined the community's trust in the NCH administration. We should not have to remove

650 independent physicians from the staff to fix any problems. Please help by standing up for our colleagues and for our community's health!

Sincerely,

Cesar



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info@ccmsonline.org ccmsfoundation.org fb.com/ccmsfoundation

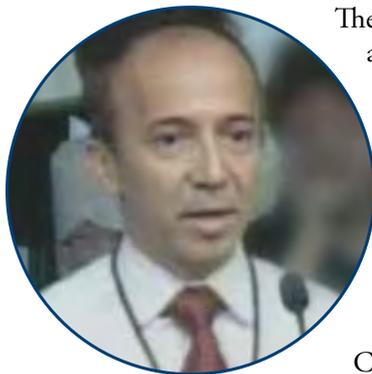
Protecting Patient and Physician Relationships

by Mollie Page

It's almost impossible to comprehend: a community-built hospital denying access to the community of physicians that helped build it. As our members – and their patients – struggle to understand the motivations behind the NCH Healthcare Systems (NCH) pilot admissions policy, Collier County Medical Society (CCMS) is responding with a public education and petition campaign that affirms its commitment to protect every member's ability to practice medicine regardless of where it is delivered.

Our most pressing concern is our members' ability to deliver quality care if this policy is implemented hospital-wide. While NCH leadership claims the program will improve patient care, the statistics it cites are flawed because this was not a verifiable study.

CCMS has received feedback and support from government agencies as well as numerous physician and patient advocacy organizations that all agree: **“patients have the right to choose the physician to direct their care while hospitalized.”**



The new policy would affect at least 20,000 admissions each year at NCH. Nearly 50 percent of admissions are due to independent hospitalist and primary care physicians. NCH currently provides roughly 80 percent of the inpatient beds in Collier County. And while other local

hospital providers have expansion plans based on population growth in the works, there is no solution to address the immediate reduction in independent provider-based hospital services that this new policy will create.

“The most ideal outcome would be for all the physicians to work together for one common goal: taking care of the patients,” said Dr. Cesar De Leon, Medical Society President. In a public commentary, he wrote, “The CCMS board believes that the needs of the community are best met with patients' own physicians directing their care, in partnership with the specialists and hospitalists those physicians know and work with best.”

When asked if the NCH policy is dividing the physician community, Dr. Corey Howard, Past President of CCMS and current President of the Florida Medical Association responded by stating, “This issue unifies local physicians because they are in favor of having an open architecture for a hospital system.”

BREAKING TRADITION

This past summer NCH implemented its new patient care initiative on select units across its two campuses. The objective was to test a new healthcare delivery model, dubbed the “hospitalist pilot program,” however NCH is also calling it the “new patient-centered care model.” In practice, the program controls, manages, monitors and administers all primary care services delivered to patients admitted to those select units within the hospital.

During the test phase, independent primary care doctors including hospitalists were told they could continue to admit patients and oversee their care on the non-pilot units. Additionally, primary care physicians were informed that they could partner in the care of patients with the NCH hospitalist on the pilot units. But according to several Medical Society members, what's outlined in the policy is not what's happening in practice.

On numerous occasions Medical Society members say NCH-employed hospitalists are not actively consulting with independent primary care physicians. Patients also report that requests to see their doctor are not being honored by the hospital. The hospital is also telling patients no beds are available when they request to be admitted to non-pilot floors.

“This is not an argument about the value or role of hospitalists,” said Dr. Ronald Garry, a Naples-based concierge physician and president of the Florida Geriatric Society. “The hospital is doing its best to keep the public's focus on how this change will improve ‘patient satisfaction’ and makes assurances that its employed hospitalists will continue to work closely with a patient's physician. But that's simply not the case.”



The hospital also claims the pilot project will not impact the role of specialists during this testing phase. But many have reported that there have been instances recently when the hospital disregarded its claim that it would continue to refer patients to specialists not employed at NCH.

Pictured: Dr. Cesar De Leon, CCMS President provides comments at a Naples City Council meeting in early December; Dr. Ronald Garry, CCMS member and President of the Florida Geriatrics Society.

continued on page 7

Interestingly, the hospital closed its catheterization lab to new physicians recently, leaving the fate of new specialists relocating to the area uncertain.

The realities are cause for concern because a closed hospital system will have severe economic implications on the future of the independent physician community and risk the quality of medical care enjoyed by residents in Collier County. **We must respond as one voice.**

ENGAGING SWIFT COMMUNITY SUPPORT

The Medical Society recognizes the hospital's right to test a new medical delivery model. When low Medicare reimbursements made it difficult for some members to prosper, the Medical Society supported their decision to adopt a concierge delivery model. But this admissions policy change jeopardizes the health of the community and its impact will affect over 500 independent physicians. During this distressing time of "wait and see" for physicians and patients, the hospital does not appear to be listening to feedback.

In an open letter to the community and posted on the Medical Society's website, President De Leon stated:

"If NCH Hospitals adopt the admissions policy that is being piloted right now, patients will no longer have the freedom to choose their admitting physician..."

In December, the Medical Society and a group of physician members and concerned residents made public comments in front of both the Naples City Council and Collier County Commission. In response, both government entities sent letters to NCH leaders asking them to hold off and offer public forums so the community could learn about NCH's motives and give feedback. Commissioner McDaniel also asked the county's human resources department to look into its contract with NCH to see how the policy might affect its employee health services.

It is critical that Medical Society members unite to inform the community about the policy's effect on patient/physician relationships. Resources have been developed to educate the community including posters, a webpage (ccmsonline.org/patientchoice) with dozens of links to educational material, videos and articles, and an online petition that physician members can share with staff and patients to further halt plans to fully implement NCH's "patient-centered care" policy. CCMS is encouraging all physicians to share the resources by email, social media, and in their offices.

Fortunately, media coverage has helped shine a light on the real effects and outcomes this policy will have on patients. The Naples Daily News editorial board has also requested NCH

hold off on this policy until an unbiased review board can analyze its value.

Early petition results show nearly 10,000 residents oppose a policy that removes their right to choose who oversees and delivers their care. Many of our members say their patients feel this policy is a betrayal of trust. But in response to growing community concern, NCH hospital leadership has yet to respond to meeting requests from the Medical Society or to participate in independently moderated forums.

95% of physicians surveyed do not support this policy.

At the time this article was written, the hospital's leadership has also not responded to a letter from attorneys representing a group of physicians and patients against the admissions policy change to rescind the policy or face legal action.

The letter also states that "the hospital system's actions are anti-competitive and will result in a decrease in the quality of medical care, and would have the effect of driving away qualified physicians and discouraging physicians from moving to Collier."

The Medical Society encourages its physician members to keep this conversation alive until the problem is resolved. As such, we urge you to continue to discuss it with county and state elected officials and voice your concerns over the potential negative impact of the policy through all means possible.

FLYING HIGHER TOGETHER

The NCH admissions policy has the potential to complicate the delivery of medical services and risk patient outcomes because NCH-employed hospitalists don't have access to patient records outside the hospital. In fact, **a recent study published in JAMA Internal Medicine reveals that Medicare patients who received care from their own physicians during hospitalization were more likely to be discharged to their home instead of another facility, and were less likely to die within 30 days, compared with patients who were cared for by hospitalists.**

It is unfortunate that a community hospital would risk the relationships that created its five-star reputation over the last 60 years and implement a policy that does not have the patient's best interests in mind.

Please act! Your patients and the physician community need your help. **Visit ccmsonline.org/patientchoice today.**

Scholarship Winners: Where Are They Now?

Foundation of Collier County Medical Society

Since its inception, the Foundation of CCMS has awarded more than \$100,000 of scholarships to students pursuing careers in healthcare. These scholarship recipients demonstrate excellence in community service and academic performance. The Foundation reached out to previous recipients from the past five years to inquire how their scholarship is making a difference in their educational pursuits. Here are updates from a few of these impressive award winners.



Ahlam Abukhdeir, University of South Florida

Ahlam Abukhdeir is currently in her second year at USF's Physician Assistant Program, completing her women's health rotation. She says that PA school "has been such an amazing experience thus far." A child of immigrants who made education a priority for their children, Ahlam says her scholarships allow her to pursue the

American dream her parents wish for her. "I am thankful for the generosity of the Foundation of CCMS and organizations like it that provide students with the financial assistance needed to pursue higher education because with their support, I was able to make my dream a reality." Upon graduation, Ahlam looks forward to pursuing a career that will help to improve patients' quality of life.



Karisa Brown, Florida State University College of Medicine

Karisa Brown, a fourth-year medical student, will graduate with honors in May. She was recently inducted into the Gold Humanism Honor Society, which recognizes students in the top of their class for their integrity, clinical excellence, compassion, altruism, respect, empathy, and service. Karisa is seeking a residency in Obstetrics

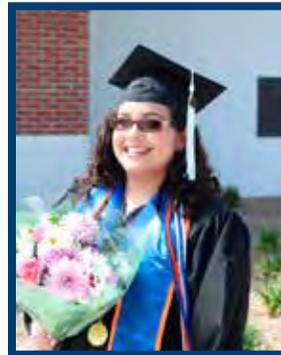
and Gynecology with a special interest in robotic and minimally invasive surgery. Upon completion of her residency, she plans to return home to Collier County to practice. Karisa says she is "passionate about serving the underserved" and hopes "to eventually establish a monthly charity GYN clinic in [my] hometown of Chokoloskee/Everglades City."



Joseph Burns, Florida International University's Herbert Wertheim College of Medicine

Joseph Burns, who will graduate in 2019, is both a recovered patient of congenital heart disease (CHD) and an aspiring pediatric cardiologist who has advocated for CHD at the national level. In 2017, he travelled to Washington, D.C. to engage with Florida legislators about the

key policy issues affecting CHD. Joseph is also collaborating on a project with the Pediatric Congenital Heart Association where the goal is to emphasize the importance of education through the lifespan of those affected by CHD. He says the scholarship has "empowered me to be vulnerable, opening [my] heart with others to leverage my role as a physician in training as an advocate, teacher, and example for all of those affected by CHD."



Jennifer Castaneda, University of Florida

Jennifer Castaneda, a cancer survivor who completed Lorenzo Walker Technical High School's practical nursing program, obtained her B.A. in Women's Studies and is pursuing a B.A. in Nursing, on the path to becoming a Nurse Practitioner specializing in woman's health. "My ultimate goal is to become an advocate,

particularly for women and people of color, who face systems of oppression and discrimination as they relate to access to care and improved health outcomes," says Jennifer. She plans to care for underserved communities and provide resources to foster better health and well-being, and reports that her scholarship has been instrumental in the success of her academic career.



Joseph Chen, Florida State University College of Medicine

Joseph Chen is in his third year of medical school in the rural track in Marianna at Jackson Hospital and surrounding practices. He says "not a day goes by where I don't think how blessed I was to have received the scholarship." He enjoys his "longitudinal" curriculum which models continuity of care and allows him to follow patients

throughout multiple specialties. For example, he can assist on a surgical case, see that patient throughout their hospital stay,

continued on page 9

continued from page 8

and see them again weeks later in the outpatient setting. Joseph is considering a residency in Florida for either family medicine or internal medicine (he's "torn" between the two!) and hopes to then practice primary care.



Efe Cudjoe, Florida State University College of Medicine

Efe Cudjoe is in her third year of medical school and has started clinical rotations. She enjoys exploring each new specialty, which she and her classmates affectionally think of as "starting a new dream job every six weeks." She says her experiences highlight the importance of caring for patients while appreciating their cultural,

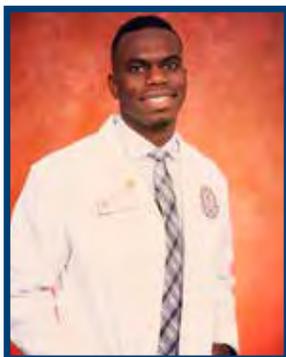
socioeconomic, and psychosocial intricacies, and underscore her passion for providing care in underserved communities. "Each day, I am reminded of why I am so passionate about the field of medicine," she says. "I'm incredibly grateful for the opportunity that you have given me; the opportunity to continue pursuing this dream!"



Charlotte Gerrity, Duke University School of Medicine

Charlotte Gerrity is a second-year medical student in Duke's Primary Care Leadership Track. During this clinical year, her goal is "to further develop my interests in mental health, women's health, and family medicine." Charlotte is also involved with several patient advocacy and service projects, such as working with patients

undergoing assertive community treatment for mental illness, and is active in the Maternal Opioid Mediation and Support program. She hopes to present the results of this program at national OB/GYN conferences in the spring. "I am so grateful for the support you have given me," she says. "I look forward to having a close relationship with the CCMS throughout my medical education."



Ludonir Sebastiany, Florida State University College of Medicine

Ludonir Sebastiany is currently in his fourth year of medical school. Ludonir's path to medicine coincided with his grandmother's journey as an uninsured breast cancer patient, and the opportunity for him to get involved with Cover the Uninsured week, raising awareness of the hardship millions

of Americans face when trying to access healthcare. In working with this organization, he says, "I saw how I could make a difference in that one patient in need, like my grandmother." Ludonir plans to pursue dermatology as his specialty and hopes to give under represented patients access to skin care, entering communities of need using his fluency of Creole, French, and German, and honoring his grandmother's legacy.

Who's Next?

These future physicians and medical professionals will give the Foundation of CCMS a solid return on investment. It is delightful to witness the progress and academic growth of each student who received an award. The Foundation is currently accepting applications for the 2019 scholarships – the Dr. William Lascheid Memorial Scholarship for Medical Students and the Foundation Healthcare Scholarships (applications at ccmsfoundation.org) – and is looking forward to facilitating more success stories.

Donate to the Foundation today to help support these vital programs. Visit ccmsfoundation.org to learn more.

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HIPAA Considerations for Medical Records Requests in Florida

Jon Pellett, JD, Managing Attorney, Administrative Defense Claims, The Doctors Company



Medical practices have experienced a dramatic increase in the volume of healthcare records requests, and in regulatory compliance obligations, since Congress enacted HIPAA more than two decades ago. The legislation created a comprehensive statutory scheme governing the portability of health insurance and the handling of protected health information (PHI).

- All requests should be in writing and signed by the person making the request—or should be on official department stationery if made by a government agency or third-party payer.
- Correspondence from a lawyer should always be accompanied by a valid, HIPAA-compliant authorization or release executed by the patient.
- Subpoenas should contain a caption and case number of the pending action and the court's seal, and should be signed by the judge, issuing attorney, or court clerk with appropriate notice to all parties and counsel, as evidenced by an enclosed proof of service, and where required, supporting affidavit.
- There should have been no objections or motions to quash served on the provider prior to the due date for production.
- Only documents or record sets directly responsive to the request should be produced, consistent with the minimum necessary rule of HIPAA.
- Evaluate state law considerations for portions of the records that require special authorization for release or are prohibited under state law from being released to anyone (e.g., prescription drug monitoring program records).

HIPAA greatly expanded the rules regulating how medical data, including billing records, must be stored, protected, and accessed—by whom and how. Most states passed separate privacy laws adding to that complexity. Failure to obey the mandates might result in penalties and fines, and investigation by the Office of Civil Rights of the U.S. Department of Justice.

Against this backdrop, here are some practical recommendations on responding to records requests while being mindful of liability and other concerns.

Common request types

Many requests, if valid, require mandatory production, such as those from patients, government oversight agencies, or judicial officers. Other categories, such as out-of-state subpoenas, must be accompanied by an authorization signed by the patient, conservator, legal guardian, executor, or personal representative of either the patient or the estate, or they must be “normalized” and issued through the local court.

Physicians frequently fear professional liability action when they receive a document request, especially from an attorney. Statistically, a small percentage of record inquiries are associated with a potential adverse event or a malpractice suit. Most requests are more benign: applications for Social Security disability, workers' compensation, third-party payers, or life insurers. Many others are from subsequent treating physicians to coordinate care or ensure continuity, or are related to other purposes associated with the treatment, payment, or operation of the practice.

If you receive correspondence from a patient or an attorney alleging inappropriate medical care or an adverse outcome, directly or indirectly intimating a lawsuit or demanding monetary damages, immediately forward it to your professional liability carrier to trigger coverage. You should also forward the correspondence to your attorney.

Assessing requests

In evaluating inquiries about medical records, several considerations are prudent:

Prior to the due date, it is usually advisable to verify directly with the patient that he or she agrees with the production. A notation confirming that agreement should be entered in the chart or other clinic record. Under HIPAA, you must also maintain a log of patient record disclosures that is producible on demand.

Options for recovering costs

Practice staff can expend substantial time and effort addressing records requests and are often unclear on what can legally be charged to help defray costs. The initial question is whether the physician wants to charge a copying fee, and if so, under what circumstances. That is ultimately a business decision and should be based on common sense and the needs of the practice.

An office policy will assist staff in responding to routine requests. For example, charging an unhappy patient a fee to reproduce a record for a second opinion might further upset the patient. The risk of bad reviews is likely not worth the small amount that might be recovered by charging a fee.

Consider also the length of the chart that needs to be copied. A chart reflecting many years of treatment might involve significant time and cost to reproduce. Discuss the fees in advance with the patient or other requesting party to avoid misunderstandings and complaints to regulatory agencies.

Assure that your policies do not result in charging more than HIPAA and state regulations legally allow.

Florida's legal standard

The Florida Board of Medicine “urges physicians to provide

continued from page 10

their patients a copy of their medical records, upon request, without cost, especially when the patient is economically disadvantaged.” The Board further advises that the reasonable fee for reproducing x-rays and other “specialty records” is the actual cost incurred by the practice.

The Board’s rule sets the reasonable cost for producing copies of the medical records for patient requests at \$1.00 per page for the first 25 pages, and \$0.25 for each page thereafter. Practices can charge other requesting parties “a reasonable cost” of no more than \$1.00 per page. Following the Board’s rule is a prudent and readily defensible approach in the event of a challenge by an unhappy patient or attorney over whether the amount charged represented “reasonable” or “actual” cost.

Practices are strongly encouraged to consult with their liability carrier’s patient safety risk manager for additional guidance and support upon receipt of any inquiries.

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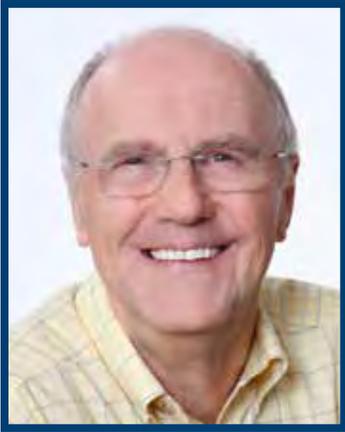


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Community Corner – Physician Led Access Network (PLAN)

David Whalley, M.D., Secretary, PLAN



Collier County is often referred to as “paradise,” and many would agree it’s true. However, for some in our community, life in Collier County can feel more like survival. For the low-income, uninsured residents of Collier, the decision of whether to pay for rent and groceries or to pay for medical services can be a very difficult choice. For many, their budget simply will not allow them

to meet their basic needs for food, shelter and health care. When a significant medical need arises and cannot be ignored, these residents need a resource to which they can turn for help. PLAN is that resource.

PLAN, which stands for Physician Led Access Network of Collier County, coordinates quality healthcare for qualified low-income, uninsured Collier County residents ages 19 to 64, filling a critical gap in services for the uninsured of our community. PLAN does this through an organized, integrated system that helps patients navigate through the local healthcare system to receive free primary and specialty care, along with diagnostic tests, laboratory work, imaging, surgery, prescriptions, and hospitalization.

The mission of PLAN is to make a significant difference in the health of our community by providing a safety net and increasing access to quality healthcare for all low-income, uninsured adult residents of Collier County.

PLAN serves over 600 patients per year, providing nearly \$6M in health care services through its network. PLAN accomplishes this by recruiting and retaining a network of over 150 physicians from our community together with other healthcare providers who generously volunteer to provide their services for PLAN patients free of charge. It is the generosity of these providers that makes it possible for PLAN to serve these patients who desperately need help.

PLAN provides the coordination that enables the patients to be served at the facilities of participating providers. PLAN’s Patient Care Coordinators provide case management to patients and assist them in navigating the healthcare system so that they can receive the medical care they need. PLAN receives many of its referrals from collaborating healthcare providers, such as Healthcare Network of Collier County, Naples Community Hospital, Neighborhood Health Clinic, Physicians Regional Medical Center, and others. Patients may also self-refer.

When a patient is referred, a PLAN Patient Care Coordinator calls the patient for financial screening and eligibility. Patient

intake consists of a face-to-face interview with the patient to gather and review financial documents and complete intake forms. Patient Care Coordinators conduct income and residency eligibility verifications for each referred patient to determine if the patient qualifies to receive free services through PLAN. Patients are also screened for eligibility in Medicare and Medicaid, and if found eligible for those programs, they are redirected accordingly.

To be eligible for services, the patient must be a Collier County resident for at least 6 months prior to application, between the ages of 19 to 64, not have health insurance of any kind, not be eligible for Medicare or Medicaid, and have an immediate medical need. The patient’s individual and family income must be below 200% of the Federal Poverty Guidelines. If a patient is deemed ineligible based on admissions criteria, then staff tries to help the patient find alternative solutions and informs the referring physician, if applicable.

Eligible patients are enrolled in PLAN as space allows. Enrolled patients are then referred by Patient Care Coordinators to PLAN providers for consultation and treatment. If surgery is required, a Patient Care Coordinator determines which provider will accept the patient at that time and makes the appointment. Enrollment is for a 6-month period subject to meeting program guidelines but an extension may be granted pending continued eligibility and continued treatment.

PLAN has the infrastructure in place to connect low-income, uninsured patients to free medical services within its network of healthcare providers. PLAN has had great success in connecting generous, community-minded healthcare providers with patients in need. However, PLAN currently operates with a waitlist, primarily because of the need for more physicians in the network and consequently PLAN is currently recruiting physicians to join the network.

For physicians considering how they can make a difference for people who lack access to health care, PLAN offers a win-win proposition: PLAN provides a convenient way for you as a physician to give back to the community and help those in need, in the comfort and familiarity of your own facilities. With your help, PLAN can accomplish its mission and patients can get the care they need, making our community a better place for all. Everyone wins.

As PLAN increases the number of patients served, annual costs will also increase, particularly for lab work, pharmaceuticals, and chemotherapy and infusion treatments. To help defray the costs PLAN is organizing a fundraising event in 2019. The Casino Night Fundraiser will be held on February 23, 2019 at The Naples Beach Hotel and Golf Club.

To learn more about PLAN and how you can get involved, and for information on the fundraiser, please visit plancc.org.



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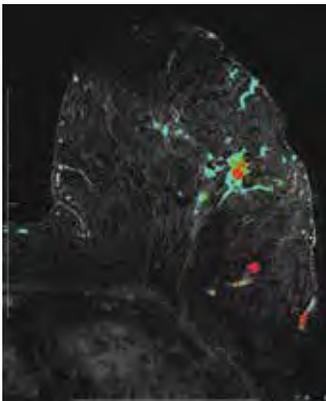
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