



THE FORUM

May/June 2022 • Volume 21, No. 3 • The Official Magazine of Collier County Medical Society



THE PHYSICIAN DECISION

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CALENDAR OF EVENTS

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

Thursday, May 12, 6:00pm
CCMS Spring General Membership Meeting
CME: "Cultural Relativity in Healthcare"
 The Arlington

Wednesday May 18, 5:30pm
CCMS After 5 Social
 Burntwood Tavern

Thursday June 16, 5:30pm
CCMS After 5 Social
 Bone Hook Brewing Company

Saturday, July 16, 6:30pm
CCMS 65th Annual Meeting
 Arthrex One Convention Center

Friday, August 5 – Sunday, August 7
FMA Annual Meeting
 Hyatt Regency Grand Cypress, Orlando
 Register at flmedical.org

Saturday, September 24
Foundation of CCMS Docs & Duffers
Charity Golf Tournament
 Bonita Bay Club Naples

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Up-to-Date COVID-19 Resources:
 Visit ccmsonline.org/resources/#covid

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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.

MEMBER NEWS

New Members:



Tankut Onal, M.D.
Pediatric Cardiology
Golisano Children's Hospital
16181 Bass Rd Ste 304
Ft. Myers, FL 33903
Phone: (239) 343-7490 Fax: (239) 343-4197
Board Certified: Pediatrics; Pediatric Cardiology

John O'Connor, M.D.
Retired Member

Reinstated:

Julio Nieto, M.D.
Internal Medicine
Direct Primary Care of Miami PA



Request for Resolutions for FMA Annual Meeting

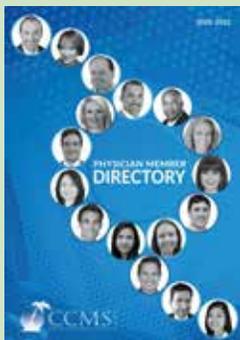
CCMS members are invited to submit your resolutions for the 2022 FMA Annual Meeting to the CCMS Board for consideration. The board will review each resolution for potential CCMS sponsorship. We will forward to the FMA House of Delegates all resolutions the Board agrees are in the best interests of CCMS members and their patients.

To submit a resolution to the CCMS board for county sponsorship, email your resolution to april@ccmsonline.org by May 24th, in time for review and inclusion in the FMA Annual Meeting Handbook Addendum. For more details and instructions, visit <https://conta.cc/3OpZ3ye>.

CCMS Candidate Nominations due May 17

The 2022 CCMS nominating committee invites CCMS members to submit candidates for review for the 2022-23 slate of CCMS officers. Candidates proposed by a member to the committee must be submitted in writing, including qualifications, at least 60 days before the annual meeting, scheduled for July 16. Nominations from the floor at the annual meeting are also accepted from a member and with the consent of the nominee.

To submit your nomination(s), send the nominee information by May 17 to executive director April Donahue via email to april@ccmsonline.org, fax 239-435-7790, or 88 12th Street N, Unit 200, Naples, FL 34102. Please note if the nominees have consented to the nomination. For more information, visit: <https://conta.cc/3jWDZBD> or call 239-435-7727



CCMS Physician Directory Deadlines Approaching

CCMS is currently taking ad reservations for their 2022-23 Physician Directory. Reserve space by **May 13th** to reach your healthcare audience and members of the public across SWFL. Download an order form at ccmsonline.org/support.

All practicing CCMS members who are current with their dues payments as of **May 20th** will receive a complimentary listing in the 2022-23 Physician Directory. To update your directory listing and/or photo, email CCMS at info@ccmsonline.org by May 20th. Members can verify their current information on file at ccmsonline.org/find-a-doctor.



A Message from the CCMS President

Alejandro Perez-Trepichio, M.D., Board President, Collier County Medical Society



Our colleague Dr. Rebekah Bernard submitted the commentary we're featuring below as a rebuttal to the recent USA Today opinion piece, "My doctor made me cry. It summed up everything that's wrong with healthcare". Although they reserve the right to accept or decline rebuttals, we feel very strongly in presenting such opinion in this issue of the CCMS magazine.

This topic is one of the many reasons why we encourage all of you to get involved in organized medicine and speak out when you can. Please encourage your non-member colleagues to join CCMS, and if you haven't already, join the Florida Medical Association and your specialty society. Make sure to share the Florida Academy of Family Physicians' and FMA's new campaign, ThePhysicianDecision.com, which educates patients on the importance of physician-led care (more on this new campaign on page 6).

Headlines like 'My doctor made me cry' an example of victim-blaming

Rebekah Bernard M.D., Immediate Past President, Collier County Medical Society



Health policy consultant Christine Bechtel may have never cried in a doctor's office before ("My doctor made me cry. It summed up everything that's wrong with healthcare," USA Today),¹ but I can practically guarantee that her doctor has. I know this because throughout my twenty years as a primary care physician, I have cried many times in my office, and so have most of my colleagues.

I'm not talking about tears for our patients, although we do that, too. I'm referring to tears of angst, anxiety, and frustration over a broken healthcare system that has forced physicians to become assembly-line 'providers' and data-entry clerks rather than allowing us to truly focus on patients.

In her commentary, Bechtel references a lack of connection with her physician due to the intrusion of the electronic medical record. But as a member of the Health IT Policy Committee² Bechtel contributed to this very situation. In fact, Medicare enacted her committee's 2009 recommendations³ requiring physicians to use electronic health records to be paid for medical services, including specific 'Meaningful Use' criteria that placed unnecessary burdens on physicians. For example, beginning in 2011, doctors were required to manually enter and report data points at every office visit regardless of whether those variables had any relevance to the situation at hand. And rather than allowing staff members to enter medical orders given verbally, the committee recommended that doctors be required to enter them personally, including linking multi-digit diagnostic codes, a process that adds time and multiple 'clicks' to the physician's workload. In 2016, this requirement, called 'CPOE'—computerized physician order entry—was identified as an independent risk factor⁴ for physician burnout, yet in 2022, the requirements remain unchanged.

Bechtel's Health IT Policy Committee's recommendations also implemented a physician 'report card.' Doctors would now be graded and paid (or not) based on our compliance with government-created 'quality measures.' So, when Bechtel felt challenged by her doctor when she requested a particular medication and hurt when the doctor mentioned her elevated blood pressure, she may not have realized that her doctor was forced to take these very actions by the health IT system she advocated.

I promise you that no physician enters medicine—and certainly not primary care—with the intention of spending 7-10 minutes per patient, and then hours clicking boxes⁵ in a computer. In fact, when you ask physicians what they like the most about medicine, the top answer is 'relationships with patients.'⁶ But stagnant reimbursement, rising costs, and unfunded mandates like those created by Bechtel's IT Policy Committee have forced physicians to see more patients just to meet their overhead expenses.

Many physicians have reached a breaking point. Being forced to choose between providing compassionate care for patients and serving a broken healthcare system creates 'moral injury,'⁷ leading to clinical depression in 20% of physicians,⁸ with 11% reporting thoughts of suicide. If Bechtel cried in her doctor's appointment, one could imagine that her physician shed a few tears when she read Bechtel's analysis of her care.

Established doctors are seeking ways to leave the clinical practice of medicine,⁹ and medical students are increasingly choosing not to enter primary care¹⁰ in favor of less burdensome specialty fields. Coincidentally, Bechtel's experience occurred in my own hometown of Fort Myers, FL, an area that has faced a population explosion¹¹ since the pandemic. My office phone rings off the hook every day with patients seeking a primary care physician, and area practices are so full that few are accepting new patients. The fact that Bechtel even found a primary care physician is itself somewhat miraculous.

The Foundation of Collier County Medical Society presents

Docs & Duffers 2022

9th Annual Charity Golf Tournament benefiting scholarships for future medical professionals & funding for local healthcare programs in need

Saturday, September 24, 8am-2:30pm

Bonita Bay Club Naples

3700 Wildwood Blvd, Naples, FL 34120

This event is open to the public!
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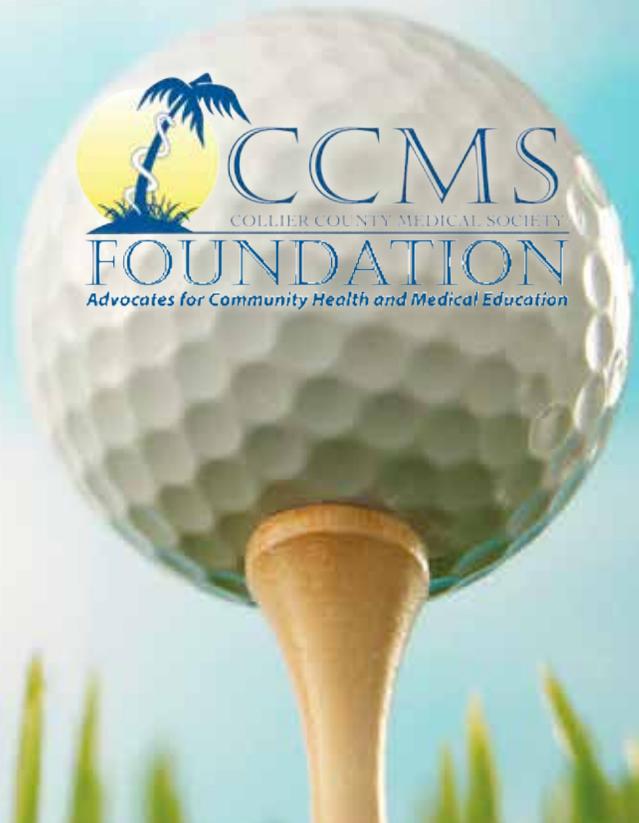
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Making The Physician Decision

John A. Gross, M.D., Florida Academy of Family Physicians Board Chair



"I am standing here saying that an advanced nurse practitioner who has at least a four-year degree in nursing, a graduate degree, in many cases, a doctorate in nursing and 2,000 hours of clinical, supervised residency to be allowed to practice what they studied! Allowing advanced nurse practitioners to practice independently will have an immediate positive effect on access and affordability.

It is a stain upon a state that prides itself on leading to even humor talk of patient safety coming from interest groups when we now know beyond a shadow of a doubt of its safety and efficacy. Or worse, to use phrases like, "if you want to be a doctor, study to be a doctor." Thirty states have out-grown this backwards policy, Thirty! It is high-time we allow health care professionals to practice to the extent of their training!"

(January 14, 2020, Florida House Speaker Jose Oliva's Opening Remarks)

Less than 60 days after Speaker Oliva's comments, Governor Ron DeSantis signed HB 607 on March 11, 2020, forever changing the landscape of medicine in Florida by allowing advanced practice registered nurses (APRN) to practice autonomously without physician supervision. While organized medicine lobbied strenuously against the flawed public policy, it boiled down to one man's political will rather than acknowledging the truth at the foundation of bill, which is when it comes to the practice of medicine, "the eye does not see what the mind does not know."

As the president-elect of the Florida Academy of Family Physicians (FAFP) when HB 607 passed, I sat down with my fellow family physician leaders and considered not only the consequences of elected officials "legislating" the practice of medicine, but that we needed to address something just as important: How can family physicians respond tactfully to the public the importance of understanding the differences in education and training between physicians and other non-physician providers (NPPs) without attacking and provoking the other members of our healthcare team?

Recognizing the need to bring in experts who can help tell the story, we engaged a highly professional and talented public relations firm, The Dalton Agency (Jacksonville, Atlanta, Nashville), to help create a patient empowerment campaign designed to educate everyone on the importance of seeking a physician-led care team. During our discovery phase, we reached out and partnered with our colleagues at the Florida Medical Association, as we recognized the importance of approaching this issue as a united front on behalf of all Florida physicians. Nearly a dozen campaign themes and strategies were

vetted by the joint FAFP/FMA task force to not only capture the public's attention, but also show our members organized medicine was responding to the misinformation perpetuated by the legislation. One of the talking points from our work with The Dalton Agency that surfaced was something I like to call "The 6% Rule," – succinctly illustrated the difference in training in that on average, NPPs have just six percent of the medical education and training of physicians who have completed an accredited residency.

The campaign theme we selected aligned perfectly with the messaging:

*When faced with difficult and complex decisions in life, don't you want the most experienced individual giving you advice, especially when it involves the health and well-being of you and your loved ones? Just as no two things are created equally, the same goes for your choice in determining who leads your healthcare team. Know the facts and make the right decision by understanding the differences - make **The Physician Decision.***

In the spirit of keeping the campaign focused on the facts, we developed three main focal points of the campaign:

Team-Based Care: The Physician Decision campaign is focused on providing a collaborative, team-based approach to care in order to deliver the highest quality care possible, all to the patients' benefit. A team-based care approach is just that, each individual of the care team working to the extent of their training and education in collaboration - not independence.

Physician-Led Teams: In a team-based care approach, the patient's team is led by the professional with the most training and education - the physician. Patients win when each member of the healthcare team plays the role they are educated and trained to perform.

Differences in Training: "Think facts not attacks." Physicians highly value the contributions that NPPs make to their practices and U.S. healthcare system as a whole. NPPs provide access to safe, effective, equitable, high-quality care when under the supervision of a physician, and when making choices regarding who leads their healthcare, patients should know the distinct differences in the education and training of physicians (MD/DO) and NPPs.

There is no better way to explain the essence of this campaign than sharing my own story. In my 14 years as an employed physician, I have worked in a physician-led care team with both a PA and an NP. My practice was the first in my group to earn the certification of a Patient-Centered Medical Home, mostly based on our ability to get the patients to the right clinician at the right time. We achieved this accolade through active physician leadership, open communication among clinicians and teamwork. My front office staff was trained and well-versed in protocols devised by myself and our clinical staff to vet and risk-stratify patients to the appropriate member of

continued on page 7

Making the Physician Decision, continued from page 6

our physician-led team.

For example, the 22-year-old healthy female patient calling to be seen same-day for sinus pressure and headache was scheduled with my PA, while the 64-year-old diabetic with a history of recurrent skin infections and brittle control of her blood sugars who called at the exact same time was appropriately shunted to my schedule based on her increased medical complexity. It did not serve anyone for me to see the patient with sinus symptoms when my PA was ready and available, thereby freeing me up to see the more complex diabetic patient. Working side-by-side in clinic allowed myself and my clinical staff to communicate well and check and double-check the care we as team provided for our patients. By taking the extra step to ensure I was always readily available for my PA/NP to discuss their patient, I actively broke down barriers that might have caused them to hesitate to run their clinical assessment and plan past me.

Medicine is a team sport, with clear roles delineated by levels of experience and education. I loved my team and the increased access to care our clinic was able to provide to our patients. We knew we did good by our patients every day, and our physician-led team dynamic fostered a culture of making sure the patient saw the right clinician at the right time, right away.

In the end, it is our hope that The Physician Decision campaign empowers patients to engage more in their healthcare decisions and thereby recognize the importance of having a physician lead their healthcare team. We are only a few weeks in and the feedback has been extremely positive from both our colleagues and patients alike. How can you help? It's easy, spread the word (**ThePhysicianDecision.com**) and encourage patients to make The Physician Decision!

Headlines like 'My doctor made me cry ... continued from page 4

Urging physicians to solve this problem by 'rethinking' workflows and 'leveraging team members' won't work—and it's a form of victim blaming. Telling doctors to 'ask hospital or... office administrators to ease off the relentless push for efficiency' betrays a startling lack of awareness of the power dynamic in most healthcare practices; such a request is more likely to result in the termination of the physician¹² than administrators granting more time with patients. A better solution is for policy experts like Bechtel to use their political influence and personal experiences to advocate for systemic changes that decrease physician burden and incentivize a return to true physician-patient relationships.

1. <https://money.yahoo.com/doctor-made-cry-summed-everything-120051998.html>
2. <https://www.healthit.gov/hitac/committees/health-it-policy-committee>
3. https://www.healthit.gov/sites/default/files/facas/final_mu_recommendations_table_7_2009.pdf
4. <https://pubmed.ncbi.nlm.nih.gov/27313121/>
5. <https://www.ama-assn.org/practice-management/digital/family-doctors-spend-86-minutes-pajama-time-chrs-nightly>
6. <https://www.medscape.com/slideshow/2021-compensation-overview-6013761#25>
7. <https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/>
8. <https://www.medscape.com/slideshow/2021-lifestyle-burnout-6013456#19>
9. <https://physiciansfoundation.org/press-releases/the-physicians-foundation-2016-physician-survey/>
10. <https://californiahealthline.org/news/u-s-medical-students-less-likely-to-choose-primary-care/>
11. <https://www.swfleda.com/fort-myers-among-fastest-growing-cities/>
12. <https://www.nbcnews.com/health/health-care/doctor-fired-er-warns-effect-profit-firms-us-health-care-rcna19975>



13th Annual Women's Health Forum Educates Over 200 Women

Collier County Medical Society

As part of its ongoing efforts to be a health resource for residents and visitors in Collier County, Collier County Medical Society and the Foundation of CCMS were pleased to host the 13th Annual Women's Health Forum, a free health education event for the public, on Saturday, April 23rd at the Naples United Church of Christ. This is the medical society's first indoor public event since the 2020 Women's Health Forum in February of that year. The 2021 event was cancelled due to the COVID-19 pandemic.

From 8:30am-1:00pm, over 200 women enjoyed breakout sessions with educational talks from 24 CCMS member physicians, an exhibit hall with 19 vendors that provide services for women, and healthy refreshments. Approximately 15 volunteers staffed the event.

The forum, with the theme "Good Health in Our Changing Times" focused on helping attendees regain momentum and develop a new focus on their wellbeing. The presentations were designed to address new healthcare goals and include innovations in women's health, new medical technologies and important developments in preventive care that encourage healthy behaviors for a renewed life.

Presenters were carefully selected by the physician members of the Women's Health Forum Committee. Breakout session topics included: Breast Health, Cardiology, COVID, Vein Health, Healthy Vision, Bone Health, Caregiving, Dermatology & Cosmetics, Sleep Apnea, Pain Management, Mental Health, Cognitive Diseases, Urological Care, and more. Each presentation had a dedicated physician Q&A session allowing attendees time to gain a deeper understanding of the topic.

Each year the Forum also allows CCMS to donate funds to the Foundation of CCMS, to help provide scholarships for future medical professionals and support for local healthcare programs in need. Contributions from event sponsors and exhibitors, and attendee donations, make this support possible. Stay tuned for a final amount of this year's donation.

The Women's Health Forum was made possible with the generosity of presenting sponsors GenesisCare, Goodwin Medical Center, and Magnolia Breast Center, and sponsors eBella Magazine, Hobdari Family Health, Physicians Regional Healthcare System, Radiology Regional, and Vein Specialists/Dr. Joseph Magnant. Numerous exhibitors and supporters were also critical to the event's success.

Stay tuned for details on the 2023 Women's Health Forum next spring. CCMS physician members interested in speaking at next year's event, be on the lookout for speaker applications, which will be distributed this fall.

Photos from the event are available at facebook.com/ccmsonline.

Thank you to the Women's Health Forum Committee:

Catherine Kowal, MD, Chair
 Caroline Cederquist, MD
 Rebecca Smith, MD
 Marilyn Varcoe, PhD
 Susan Liberski, MD
 Theresa Vensel, MD

Thank you to our Presenting Sponsors:





GME Corner: ACGME Accredited Fellowship in Hospice and Palliative Medicine

Rebecca Smith, M.D., Vice-President, Collier County Medical Society



The Graduate Medical Education program at NCH Healthcare System welcomed its first two fellows in July 2021, Dr. Julieta Gilson and Dr. Rami Tarabay. Dr. Gilson will be completing the fellowship in October 2022, as she continues to work part-time as a hospitalist for NCH. Dr. Tarabay will be completing the full-time position on June 31, 2022.

Since July 2021, Dr. Gilson and Dr. Tarabay have submerged themselves in the 'World of Hospice and Palliative Medicine'. Their rotations over the 12 months include Inpatient and Outpatient Palliative Medicine at NCH; Hospice Medicine with VITAS Healthcare; Pediatric Palliative Medicine with VITAS Healthcare; Oncology; Interventional Pain Medicine; Spirituality; Research; and electives.



Dr. Julieta Gilson



Dr. Rami Tarabay

Hospice and Palliative Medicine is a unique and growing subspecialty of medicine that provides an extra layer of support to patients with serious illnesses and their families. It focuses on quality of life and individualizing a patient's plan of care.

Palliative Care is a spectrum of care that may be provided over the entire lifespan. It may include addressing pre-natal concerns through the end-of life. It may be provided along with aggressive treatments, as well as to those who are forgoing further treatment and requesting comfort care.

Hospice care is regarded as a benefit of Medicare and other insurance providers. Hospice programs provide palliative care to those who have 6 months or less to live as determined by their physicians. Hospice care is palliative care for those who have 6 months or less to live and are no longer seeking aggressive treatment.

However, not all palliative Care is hospice care. Additionally, Palliative Medicine Specialists are trained to manage complex symptoms including pain related to multiple advanced disease states including oncologic, cardiac, pulmonary, hepatic, nephrotic, and neurologic.

The Palliative Medicine Program at NCH has been in existence for

over 12 years. It began primarily to serve the inpatient population of patients with serious illnesses. The program has grown and currently includes three Board Certified physicians, two APRNs, a licensed mental health counselor, Chaplain, Social Worker, and RN.

The fellowship program at NCH offers a community hospital experience to physicians pursuing training in Hospice and Palliative Medicine. It is a unique opportunity for physicians to develop an expertise in Hospice and Palliative Medicine in a nurturing environment with a wealth of expertise, mentorship, and a diversified patient population.

The Naples community has a population of residents with significant need for specialized palliative care. Research has shown that early referral of patients to palliative care programs while they undergo disease modifying treatments may prolong their life, as well as improve their quality of life. Consider referral of your patients with serious illnesses who have need for symptom management, discussion on goals of care, and/or discussion of advanced directives to our local palliative care programs. Patients and their families should be educated that palliative care does not always mean "end of life" care. Currently, Collier County has three programs including NCH (inpatient and outpatient), VITAS Healthcare (inpatient palliative care at Physicians Regional Medical Center), and AVOW Palliative Care (outpatient and home).

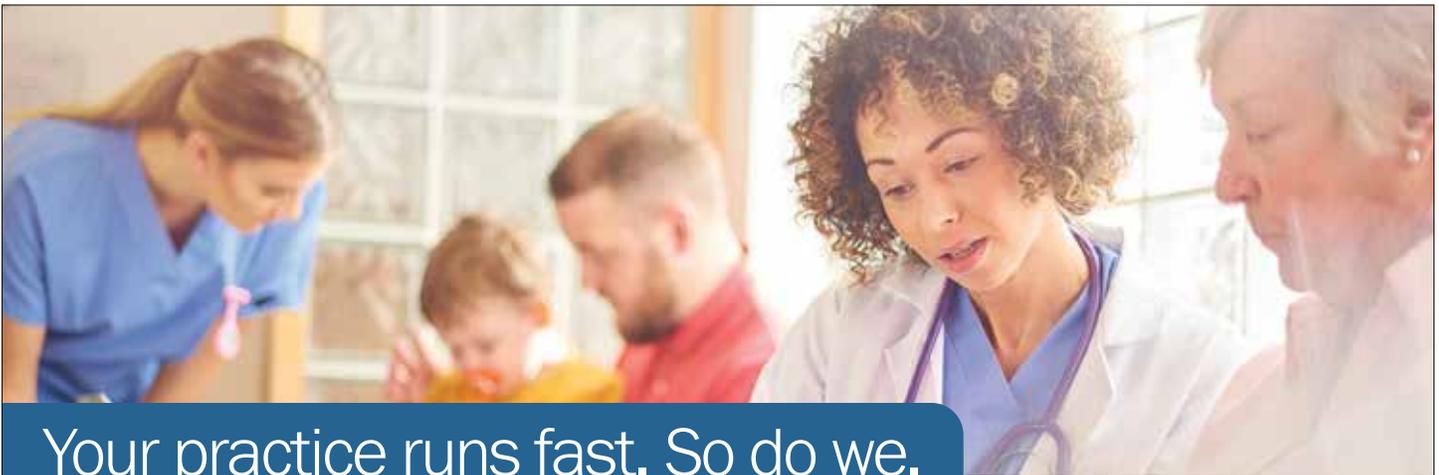
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Telephone Communication for Healthcare Providers: Safety Strategies

Nicole Franklin, MS, CPHRM, Patient Safety Risk Manager II, The Doctors Company

When casually or carelessly conducted, telephone communications can lead to diagnostic errors and misunderstandings that may culminate in professional malpractice claims.

Telephone Communication with Patients

Creating comprehensive, clear guidelines for telephone encounters with patients is critical in mitigating risk. Establish practice guidelines and ensure that all office and clinical staff are trained on their roles in communicating with patients by telephone. Protect yourself from potential liability by following these general practices:

- Smile when greeting patients. Research has shown that people are able to tell if you are smiling by the tone of your voice.
- Triage and refer all critical calls to emergency services. For more information on this topic, read our article, “Telephone Triage and Medical Advice Protocols.”¹
- Obtain as much information as possible about the patient’s presenting complaint. Listen carefully and allow the caller both the time and opportunity to ask questions.
- Use easy-to-understand language that avoids medical terminology.
- Obtain the services of an interpreter if you encounter a language difficulty. For more information, see “ADA Requirements: Effective Communication.”²
- Avoid distractions, such as checking email or attending to other duties, when speaking with patients.
- Adhere to HIPAA rules and regulations to maintain patient privacy when communicating over the telephone, both inside and outside the office.
- Develop written protocols for front office/unlicensed personnel to help them respond to patient questions and concerns.
- Prescribe or advise by telephone only when you have reviewed the patient’s allergies, medications, and medical and surgical history. For more information on this topic, read our article “Rx for Patient Safety: Use Ask Me 3 to Improve Patient Engagement and Communication.”³
- Accept a third party’s description of a medical or dental condition only when you have confidence in that person’s competence to describe what he or she sees.
- Make prompt referrals if the patient’s call concerns a medical or dental problem that is outside your expertise.
- Confirm that pharmacists understand all dosages and instructions for drug prescriptions given by telephone.
- Verify and document the patient’s adherence with telephone advice through a follow-up contact to ensure continuity of care.



Documentation

Disagreements about what was said during telephone conversations can be a major problem in professional malpractice cases. Follow these documentation processes to mitigate this risk:

- Document all patient telephone conversations in the medical or dental record—including those received and returned after hours. Include the date and time of each contact and when follow-up is completed.
- Record all details immediately about the information you received, what you advised, and the orders you gave.
- Implement an office process for calls received during office hours. Office staff should tell the caller when the provider is most likely to return the call. Include tracking and follow-up to ensure that the caller’s questions and problems are resolved and documented.
- Document a patient’s hospital medical record with telephone conversations about the hospitalized patient—including any conversations with nurses or other providers.

1. <https://www.thedoctors.com/articles/telephone-triage-and-medical-advice-protocols/>
2. <https://www.ada.gov/effective-comm.htm>
3. <https://www.thedoctors.com/articles/rx-for-patient-safety-use-ask-me-3-to-improve-patient-engagement-and-communication/>



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Andrew Woods and Dr. Kristina Buscaino



Dr. Stuart Mest speaks to CCMS members and guests



Dr. Joseph Gauta and Sue Gauta



Dr. Andrea Hayes and Bobby Stark



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JoAnne Smith and Dr. Tameca Bakker



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Dr. Glenn Groat and Dr. Anne Marie Tremaine



Dr. Santiago Chahwan and Dawn Chahwan



Maritza McDavitt, Dr. Viviana Cuberos, Dr. Carolina Young Ortiz, and Dr. Timothy Iannone



Dr. Jose Baez and Marisol Baez



Zoraima Liberman and Dr. Mark Liberman



We invite you and your guests to attend the

65th Annual Meeting

SATURDAY, JULY 16TH | 6:30PM



» *“A year to celebrate our Collier County physicians & CCMS”* «

Arthrex One Convention Center
1 Arthrex Way, Naples, FL 34108

Featuring the Installation of our 2022-2023 Board President
& CCMS Board of Directors

Cocktail Reception, 6:30pm | Dinner and Program, 7:15pm
*Highlights: CCMS Physician of the Year Award Presentation to **Dr. Catherine Kowal**,
and special guest **Dr. Douglas Murphy**, FMA President*

Semi-formal Attire | Open to the Public

RSVP BY JULY 8:

Register at ccmsonline.org/events
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COST:

Complimentary for CCMS physician members.
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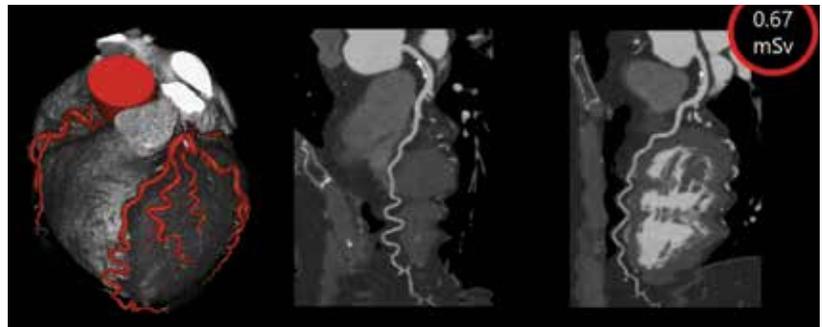
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